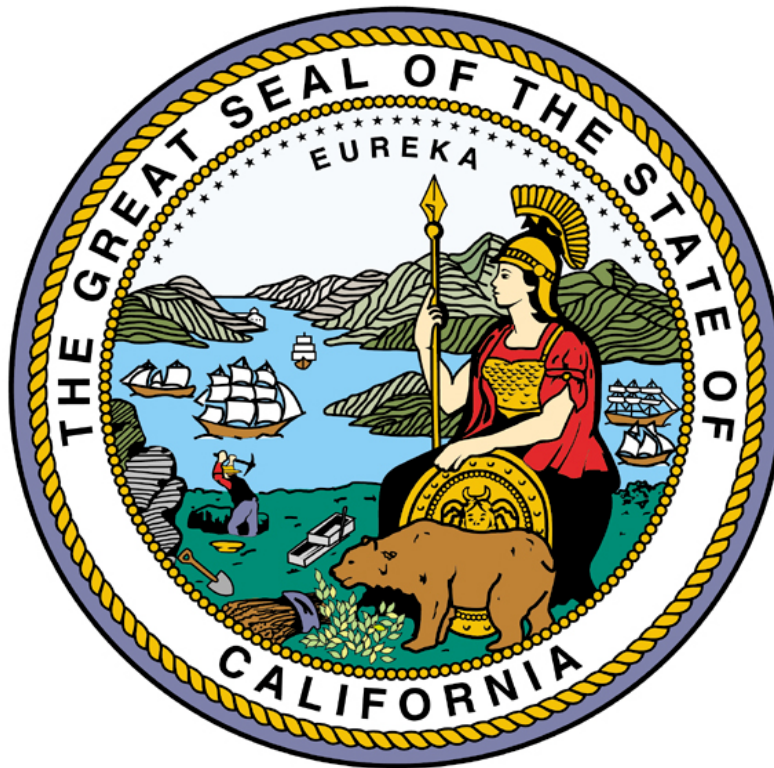


# **CALIFORNIA SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**

Protect the health, safety, and welfare of the people of California who have speech-language, swallowing, hearing and/or balance impairments by upholding professional licensing standards, enforcing standards of professional conduct, and engaging in outreach and educational opportunities for the benefit of the consumers

## **SUNSET REVIEW REPORT**



*Presented to the Joint Committee on Boards, Commissions, and  
Consumer Protection September 1, 2006*

# THE CALIFORNIA SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY BOARD

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## Chairperson

Lisa O'Connor, M.A. Speech-Language Pathologist

## Vice Chairperson

Alison Grimes, Au.D., Audiologist

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Rebecca Binge, M.A. - Audiologist

Paul J. Donald, MD, - Otolaryngologist, Public Member

Jennifer Hancock, M.A., Speech-Language Pathologist

Carol Murphy, M.A., Speech-Language Pathologist

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## **PART 1.**

# **Speech-Language Pathology and Audiology Board**

## **BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM**

### **EXECUTIVE SUMMARY**

Speech-language pathology and audiology are independent and rapidly expanding professions in the allied health care and educational systems in the state of California and the nation. Individuals who work in these professions are involved in the assessment, diagnosis, treatment, and prevention of communication disorders. Communication skills are essential for the well being and societal contributions of all Americans, affecting quality of life, including psychosocial, educational, and occupational endeavors.

Speech-language pathologists (SLPs) provide assessment and therapy while counseling individuals and families to better understand and deal with speech and language disorders; facilitate the assessment and management of swallowing disorders (dysphagia); help those who have had strokes or experienced brain trauma to regain lost language and speech; assist those who stutter to increase their fluency; help those who have speech production problems speak more clearly; and help retrain or rehabilitate those with voice disorders. Audiologists measure hearing sensitivity; diagnose hearing, auditory system, and balance (vestibular) disorders; and provide rehabilitative services, including hearing aids and other assistive listening devices, auditory training programs, and hearing conservation for individuals at-risk for noise-induced hearing loss.

SLPs and audiologists in California provide services to culturally diverse populations representing all age groups, and continually adapt to new developments in all aspects of their respective professions. Services are provided in both public and private agencies, schools, and private practice settings.

According to the California Labor Market Information (State and Local Info, 2006) there is a trend toward a greater than expected growth in the need for speech-language pathology and audiology services in the state as evident by the projected increase in employment of these professions for the period 2002-2012. The report projects a 29% increase in employment of SLPs and a 27% increase in employment of audiologists. In California, population growth and documented need for services support such projections, and currently there are significant shortages of professionals in the state. As with other professions, speech-language pathology and audiology have turned to paraprofessionals as part of the solution to these personnel shortages, including increased use of audiology aides/assistants and the creation of a new licensed paraprofessional category, speech-language pathology assistants (SLPAs), here in California. In addition, the University of California (UC) and California State University (CSU) systems are collaborating on the creation of two new Doctor of Audiology (AuD) educational programs by the fall of 2007 to assist in meeting the shortage of trained audiology professionals in the state.

With the level of ongoing demand in the labor market, regulatory oversight and enforcement remains essential to ensure maintenance of appropriate standards of care and to deter possible misuse of personnel in response to staffing pressures experienced by agencies and institutions who employ these individuals. The Speech-Language Pathology and Audiology Board (SLPAB) is working with other groups, agencies and institutions to address some of these challenges. Such activities also provide the foundation for the maintenance of quality services, given the comprehensiveness of these professions, and provide a framework for the protection of the consumer.

## **BACKGROUND AND DESCRIPTION OF THE BOARD AND PROFESSION**

- **Short Explanation of the History and Function of the Board.**

### ***History of the Board***

The SLPAB (formerly a Committee) was created in 1973 and enacted in 1974 under the jurisdiction of the Medical Board of California (MBC) (Chapter 5.3, Statutes of 1974, Section 2530 et seq. of the Business and Professions Code). Speech-language pathology and audiology are separate professions with individual scopes of practice, entry-level requirements, and descriptive titles. SLPs provide services to individuals with speech, voice or language disorders and swallowing disorders or impairments. Audiologists provide services to individuals with hearing, balance (vestibular), and related communicative disorders.

In the 1997-98 legislative session, Senate Bill 1982 introduced by the then Chair of the Joint Legislative Sunset Review Committee, would have merged the SLPAB with the Hearing Aid Dispensers Examining Committee by creating a new Speech and Hearing Sciences Board. Ultimately, the bill was defeated on the Assembly Floor. As a result, the SLPAB was sunsetted on July 1, 1999, and became a program under the Department of Consumer Affairs (DCA). Subsequently, Assembly Bill 124, introduced in the 1998-99 legislative session, passed and restored the SLPAB effective January 1, 2000.

Aside from the six-month lapse in autonomy, the SLPAB had steadily transitioned from a Committee under the MBC into an independent health regulatory agency joining the other twenty or so health boards under the auspices of the DCA. While the SLPAB had been operating as an independent board for many years, the statutory amendment to remove references to the MBC was officially recorded in Section 2531 of the Business and Professions Code in 2003 (SB 2021).

The SLPAB administers its own licensing and enforcement programs and establishes and enforces regulations that respond to evolving health delivery systems, while maintaining standards that serve to protect the consumers of the state. Numerous changes in regulatory responsibility have occurred since the filing of the last Sunset Report. The SLPAB has seamlessly implemented new programs and has continued to enhance its core operation to provide timely and accurate information to the public. A listing of some of these major changes and accomplishments are as follows:

- ♦ 1998 Expert Witnesses -The SLPAB initiated the process of using expert witnesses to review some of its more complex enforcement cases to identify whether a deviation from the standard of practice or other unprofessional conduct had occurred warranting formal discipline.

- ♦ 1999 Speech-Language Pathology Assistants - The new paraprofessional category of SLPAs was created which mandated registration and oversight of SLPAs, including supervision requirements and Board approval of the SLPA training programs.
- ♦ 1999 Continuing Professional Development (CPD) - The SLPAB adopted mandatory CPD regulations for SLPs, audiologists, and SLPAs.
- ♦ April 2000 Website - The SLPAB launched its website and provided access to forms and information regarding application processes, licensing requirements, CPD obligations, complaint forms and enforcement information, and links to various professional organizations and consumer resources.
- ♦ Fall 2000 Occupational Analysis SLP - DCA's Office of Examination Resources assisted the SLPAB with completing an occupational analysis and examination validation study for the practice of speech-language pathology. The report was subsequently adopted by the SLPAB in 2001.
- ♦ 2001 Occupational Analysis Audiology - The SLPAB employed the Office of Examination Resources to evaluate the national practice analysis to determine whether the national analysis was congruent with audiology practice in California and further served to validate the audiology national examination required for state licensure.
- ♦ 2001 Strategic Plan - The newly re-established SLPAB developed and distributed its Strategic Plan.
- ♦ 2002 SLP Scope of Practice Amendments - The SLPAB assisted with the legislation, SB 1379 Stats. 2002 that expanded the scope of practice for SLPs to authorize the use of instrumental procedures, specifically the use of flexible nasendoscopy to assess communication and swallowing impairments.
- ♦ 2003 Continuing Professional Development - The SLPAB conducted its first CPD audit and recorded that approximately 85% of the licensees audited had complied with the CPD mandates.
- ♦ 2004/05 Professional Training Transition - Engaged in on-going research and in-depth planning with the professional community and the leaders in the higher education systems (the UC and CSU) to address the national transition in professional training standards for both speech-language pathology and audiology. Specifically, the SLPAB assisted the UC and the CSU in developing joint doctoral training programs in audiology.
- ♦ 2005/06 Regulatory Amendments - The SLPAB pursued four major regulatory actions: 1) Revised the SLPAB's Disciplinary Guidelines in 2004 to further improve the consistency and clarity of the SLPAB's disciplinary program; 2) Amended its citation and fine regulations to apply to all licensees and registrants of the SLPAB and to establish criteria for levying more severe penalties; 3) Established new academic program accreditation standards for both speech-language pathology and audiology that included provisions to address the transition to doctoral training in audiology. Additionally, the regulation proposal amended the parameters for licensees to advertise earned academic degrees; 4) Adopted the SLPAB's information disclosure regulations specifying the licensee information that is available for public inspection.

- ♦ 2005/06 Database Upgrade - Implemented an application database, the Applicant Tracking System (ATS), which enables the SLPAB to record and access application data with greater consistency and efficiency.

### ***Function of the Board***

The SLPAB serves to protect the public through licensing and regulation of SLPs and audiologists who practice in the state of California. Consumers who believe that they have been harmed by licensed SLPs or audiologists can rely on the SLPAB to swiftly and seriously consider their concerns and seek resolution through remediation or disciplinary action against the licensee. The SLPAB sets standards that prepare licensees for independent practice and are consistent with the demands of the current delivery systems. To ensure on-going protection of consumers of speech-language pathology and audiology services, the SLPAB enforces standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

The SLPAB's regulatory jurisdiction has gradually expanded from solely overseeing SLPs and audiologists. Currently, the SLPAB licenses over 16,000 licensees, of which approximately 13,000 are SLPs, 1,900 are audiologists, 500 are temporary license holders completing their professional experience, 450 are SLPAs, 180 are registered aides, and 130 are approved CPD providers.

- **Current Composition of the Board (Public vs. Professional) and listing of Board Members, who appointed by, when appointed, when terms expire, and whether vacancies exist and for how long.**

After being restored as a board in January 2000, seven members were appointed by Governor Davis in early December 2000: three audiologists; three SLPs; and one public member who is a licensed physician and surgeon, board certified in otolaryngology. Shortly thereafter, one public member appointment was made by the Speaker of the Assembly, Robert M. Hertzberg. Later, in 2004, the third public member was appointed by Chair of the Senate Rules Committee, Senator John Burton.

Term limits for members appointed to the SLPAB have historically been established as four year terms with statutes (Business and Professions Code Section 2531.1) limiting service to not more than two consecutive terms. Due to the unique events that changed the SLPAB structure during 1999/2000, seven of the nine members were appointed at one time resulting in three quarters of the board members' terms expiring on the same day: November 30, 2004. To prevent future board member vacancy issues, the Senate Business and Professions Committee sponsored legislation (Senate Bill 136) during the 2004 legislative session to stagger the terms of board members appointed after November 30, 2004. The staggered terms, from one to four years, will only affect one appointment cycle, after which board member terms would be reestablished at four years.



The following is a table of the current members as appointed by Governor Schwarzenegger and by the Senate Rules Committee, respectively.

<b>SPEECH-LANGUAGE PATHOLOGY &amp; AUDIOLOGY BOARD COMPOSITION</b>			
<b>MEMBER</b>	<b>APPOINTED BY</b>	<b>APPOINTMENT DATE</b>	<b>TERM EXPIRATION DATE</b>
Lisa O'Connor, Chair, MA Speech-Language Pathologist	Governor	March 29, 2005	November 30, 2008
Alison Grimes, Vice Chair, AuD Audiologist	Governor	March 29, 2005	November 30, 2007
Rebecca Binge, MA Audiologist	Governor	March 25, 2005	November 30, 2006
Jennifer Hancock, MA Speech-Language Pathologist	Governor	March 24, 2005	November 30, 2007
Carol Murphy, MA Speech-Language Pathologist	Governor	March 24, 2005	November 30, 2006
Diana Verdugo, MS (Public Member)	Senate Rules Committee	August 11, 2004	June 1, 2007
Naomi Smith, AuD Audiologist	Governor	July 31, 2006	November 30, 2008
Paul Donald, MD Otolaryngologist (Public Member)	Governor	July 31, 2006	November 30, 2008
Vacant (since 6/1/04) (Public Member)	Speaker of the Assembly		

- **Describe the Committees of the Board and their functions. Provide organization chart.**

Each committee is responsible for researching specific issues delegated to it by the Board Chair. Often, public input is sought from knowledgeable professionals and consumers alike to provide the committee with background information. Ultimately, the committees adopt a recommendation to bring before the full Board. Any action taken on a particular issue requires a vote of the full Board.

COMMITTEE:	MEMBERS:
Sunset Review Committee: Develops topics for sunset review reports and coordinates narrative input from professional members.	Ms. O'Connor Ms. Grimes
Legislation Committee: Reviews proposed legislation impacting the professions and the Board's administrative oversight. Reports on legislative impact and recommends a stated position to the full Board. May independently take a position on pending legislation if an immediate need arises.	Ms. Grimes, Chair Ms. Murphy
Licensing/Education Committee: Monitors laws and regulations relative to coursework and examination requirements and identifies necessary amendments based on practice evolution. Evaluates academic training programs for Board approval. In consultation with legal counsel, proposes regulatory action for full Board review.	Ms. Grimes, Chair Ms. O'Connor Ms. Hancock
Speech-Language Pathology Practice Committee: Addresses changes in speech-language pathology practice patterns and recommends position statements and/or scope of practice amendments for Board consideration.	Ms. O'Connor, Chair Ms. Murphy Mr. Hancock Ms. Verdugo
Audiology Practice Committee: Addresses changes in audiology practice patterns and recommends position statements and/or scope of practice amendments for Board consideration.	Ms. Bingea, Chair Ms. Grimes
Continuing Professional Development Committee: Reviews and monitors the CPD program. Establishes criteria for license renewal requirements and evaluates the standards for approval of CPD providers. Considers appeals of denied CPD course credit and independently issues a decision on granting course credit.	Ms. Murphy, Chair Ms. Bingea Ms. Hancock Ms. Verdugo

- **Who the Board Licenses, Titles, Regulates, etc. (Practice Acts vs. Title Acts)**

Pursuant to the Speech-Language Pathology and Audiology Licensure Act, Section 2530 et seq. of the Business and Professions (B&P) Code, the SLPAB licenses SLPs and audiologists, grants provisional licenses to applicants completing the required professional experience, registers SLPAs and both SLP and audiology aides, and approves CPD providers and SLPA training programs.

### ***Speech-Language Pathologists (SLPs)***

The practice of speech-language pathology incorporates a broad range of activities that work to prevent communication and/or swallowing disabilities, as well as to identify, screen, assess, diagnose, and treat individuals with these disorders to restore and maximize functional independence. SLPs may select and dispense communication prostheses and assistive/adaptive devices and train individuals in their use, and also engage in consultation and referral activities to facilitate care. Clinicians provide supportive counseling and education to patients/clients, family members and caregivers regarding the nature of disorders, and provide clinical management information to other health care and/or educational providers to ensure an integrated and interdisciplinary therapeutic plan.

SLPs provide direct services to individuals of all ages, families, and groups using a variety of service delivery models. Settings in which SLPs practice include public and private schools, healthcare settings for all levels of care, private practices, community and state agencies, universities, preschools and day care centers, corporate and industrial settings, correctional facilities, and individuals' private homes. These services address impairments of articulation, fluency, voice, oral and written language, cognitive-communication, and swallowing. Identification of individuals with language problems has increased over the past decade, and it has been estimated that well over eighty percent of learning

disabilities are language-based. National associations such as the American Speech-Language-Hearing Association (ASHA) and the Learning Disability Association, plus governmental groups such as the Joint Committee on Learning Disabilities and federal studies have listed critical language skills as being those which are necessary for successful performance in school. The American Speech-Language-Hearing Association noted in its letter to the Office of Special Education and Rehabilitative Services (2005) that language skills are the foundation of literacy and learning, with eighty percent of students identified as having a specific learning disability that is language-based, and that SLPs and audiologists provide services to more than half of all children served under Federal Individual with Disabilities Education Act (IDEA). To protect the general welfare of the public, it is crucial that the highly trained skills of SLPs continue to be the vanguard of identification, diagnosis, and remediation of speech and language disorders.

Specific aspects of care include a variety of evaluation, treatment, and programmatic approaches designed to respond to individual communication/swallowing needs. Also, practitioners participate in student education programs, clinical supervision, program development, quality and performance improvement programs, research activities, and community outreach programs. It is the responsibility of the SLP to adequately document services provided in a manner that adheres to practice setting standards, and that is in compliance with state and federal regulatory requirements.

### ***Audiologists***

Audiologists are autonomous specialists in the prevention, identification, assessment, diagnosis and treatment of hearing and balance disorders. In addition, audiologists provide habilitation and rehabilitation services for individuals with hearing and balance disorders, including the fitting and dispensing of hearing aids (as permitted by the required license) and other assistive technologies such as FM systems, amplified telephones and alerting devices. Also, audiologists determine audiologic candidacy for cochlear implants, and administer pre-and post-evaluative measures, processor mapping, and aural rehabilitation for cochlear implant patients. Audiologists are trained to evaluate hearing and balance disorders in individuals ranging from newborns to the elderly. In addition to determining the presence or absence of hearing loss, audiologists diagnose the type, degree, and configuration of hearing loss using test stimuli that include pure tones, noise bands, and speech. Audiologists conduct and interpret measures of middle ear function (immittance tests), cochlear function (otoacoustic emissions), and neural function (evoked potential assessments) covering the auditory neural system from the VIIIth cranial nerve up to and including the temporal cortex. Audiologists also conduct and interpret the following tests of balance function: electronystagmography (ENG), videonystagmography (VNG), posturography, rotary chair measures and visually-evoked myogenic potentials (VEMPs).

Educational audiologists provide diagnostic and rehabilitative services in the school setting to deaf, hard of hearing and normal-hearing children. Audiologists serve as team members with other personnel, including SLPs, teachers of the hearing impaired, school psychologists, resource specialists, as well as with parents. Audiologists work in programs of occupational hearing conservation, coordinating hearing assessment, hearing and hearing loss monitoring, prevention of hearing loss, instructing workers in the correct use of hearing protection devices, and assessing workplace noise in order to make recommendations to employers on how to reduce its intensity and resultant impact on workers' hearing. Further, audiologists participate in post-secondary educational settings, in both teaching and clinical supervisory roles, clinical and basic research endeavors, and community outreach programs.

Audiologists evaluate, recommend, fit, dispense (if appropriately licensed as hearing aid dispensers) and verify/validate hearing aids for patients ranging in age from newborns to the elderly adult. Related to hearing aid dispensing (approximately 52% of the licensed audiologists in California are also licensed as Hearing Aid Dispensers), audiologists provide auditory rehabilitation services, including speechreading (lipreading) training, communication skills training, auditory training, and instruction in the use of, and dispensing of, assistive devices.

### ***Speech-Language Pathology Assistants (SLPAs)***

Since filing the last sunset report, AB 205 Stats. 1998 Chapter 655 created a new licensed category , SLPA, utilizing the licensing model established for physical therapy assistants and occupational therapy assistants (e.g. AA degree, supervision standards, etc.). This was done in response to changes in the service delivery system, the shortages of fully trained professionals, and the increasing need of persons who need communication and related services. SLPs have by necessity expanded their roles so that they are not only service providers, but also managers of service delivery. As managers, their responsibilities include the oversight of services provided by support personnel who are employed in various facilities, including hospital and rehabilitative agencies, and the public schools. As approximately one-half of California's SLPs are utilized in the education system, licensed SLPAs are authorized in the public school system [Education Code 56363 (b) (1)]. With the addition of this paraprofessional level of service delivery it is essential to ensure maintenance of appropriate standards of training and patient care, especially in light of the shortages of fully licensed professionals and the possible personnel abuses that may occur in response to staffing pressures experienced by employers.

SLPAs, following academic and supervised training requirements set forth by the SLPAB, perform tasks as prescribed, directed and supervised by a SLP who holds a license, or, if employed by the public schools, may hold a valid and current license issued by the SLPAB, a valid, current, and professional clear clinical rehabilitative services credential in language, speech and hearing issued by the Commission on Teacher Credentialing (CTC), or other credential authorizing service in language, speech and hearing issued by CTC that is not issued on the basis of an emergency permit or waiver requirements.

### ***Aides (Speech-Language Pathology and Audiology)***

Licensed SLPs and audiologists may utilize registered support personnel to carry out routine tasks and assist licensees in the delivery of treatment or therapy. Aides are not required to possess any formal training or prior work experience and, therefore, do not independently hold a license with the SLPAB. Rather, the authority for an aide to provide speech-language pathology or audiology services is vested with the licensed supervisor, who must be physically present while the aide is providing any direct client/patient care, unless an alternative plan of supervision is granted by the SLPAB. A licensee interested in registering support personnel with the SLPAB must first submit an application to the SLPAB. The SLPAB reviews the application and detailed work plan and issues a decision regarding the registration status. In special circumstances, the SLPAB may approve alternative plans of supervision, where the supervisor

of the aide is not physically present while the aide is interacting with a patient/client (for example, industrial work settings or working in a group therapy environment and assisting multiple clients with tasks previously prescribed and modeled by the supervisor). In all situations and settings, the supervisor is professionally and legally responsible for any client/patient care services provided by the registered aide, and must be careful to delegate only those tasks that are appropriate for the level of training and experience of their support personnel.

## ***Continuing Professional Development Providers***

Continuing Professional Development Providers are entities approved by the SLPAB to offer professional learning activities to licensed SLPs and audiologists in order to meet license renewal requirements. While certain entities are exempt from the requirement of applying directly to the SLPAB for approval to offer CPD [B&P Code Section 2532.6(e)], most organizations must submit an application to the SLPAB, including an operation plan describing the type and method of instruction the organization plans to offer over the course of a two-year period. Once approved, providership is valid for two years and must be renewed prior to the two-year expiration to avoid the imposed automatic cancellation.

## ***Speech-Language Pathology Assistant Training Programs***

Associate of Arts or Science from Board-approved programs are those awarded by community or junior colleges (some courses are offered through 4-year universities) accredited by regional accrediting agencies recognized by the United States Department of Education or the Council on Post-Secondary Accreditation.

There are currently six (6) Board-approved vocational training programs in the state that award an Associate of Arts or Science degree as a SLPA. Two community college programs are under development, one in Southern California at College of the Canyons and another in northern California in Sacramento at American River College.

- **Any major changes to the Board since the last review. (Internal changes, strategic planning, regulatory changes or recent legislation, etc.)**

The SLPAB has grown both in terms of its program responsibilities and its client licensees. Operational changes and regulatory amendments are on-going as the SLPAB monitors the evolving practices of speech-language pathology and audiology and discovers new methods to improve its services to consumers and the Board's licensees.

## **Significant Internal/Operational Planning Accomplishments:**

### **[1999-2000]**

- ❖ Worked with the professional community, educators, and the State Department of Education's Special Education Division to develop the licensing and regulatory provisions for the new paraprofessional category of SLPA as created under AB 205, Stats 1998, which included a separate scope of responsibility, training program requirements, and supervisory parameters.
- ❖ Implemented the 1998 legislative change requiring continuing education as a condition of license renewal for SLPs and audiologists and developed a new CPD program which entailed the following: promulgating implementing regulations, effective April 1999; developing a number of information mailers, including the "Frequently Asked Questions on Continuing Professional Development" fact sheet to assist licensees with understanding the new continuing education license renewal requirements; and developing and implementing CPD audit procedures.
- ❖ In 2000, the SLPAB launched its website, which provided readily available information to the public regarding licensing requirements, complaint processing, access to laws and regulations, links to related speech and hearing resources, and information regarding upcoming SLPAB events.

### **[2001-2002]**

- ❖ Contracted with the DCA's Office of Examination Resources to complete examination validation studies for both the speech-language pathology and audiology professions.
- ❖ Implemented the on-line license verification feature on the website, providing licensees and consumers with up-to-date licensing information via the internet.
- ❖ Translated the SLPAB's consumer complaint form into Spanish and posted the form on the SLPAB website.
- ❖ Completed a comprehensive Strategic Planning process as facilitated by the DCA. The newly revised plan was developed and adopted by the SLPAB in 2001, and has been revisited and updated on an annual basis with complete participation by Board members and staff, and the public.
- ❖ Developed a detailed enforcement tracking system that monitors each stage of complaint handling and provides statistical data on the nature of each complaint action. Consulted with the Attorney General's Office on disciplinary case proceedings and developed internal procedures that provide for efficient administrative case transfers.
- ❖ Implemented the application approval process for SLPA training programs; approved 7 new training programs in the state.

### **[2003-2004]**

- ❖ Developed a presentation and visited various university training programs to provide graduating students with pertinent procedural information and information regarding new licensing requirements. The SLPAB updated and distributed student manuals to all training programs in the state for distribution to its graduating student body.
- ❖ Contracted with Language Line Services to provide readily available telephone interpreter services in 140 languages.
- ❖ Developed and implemented procedures for reporting SLPAB disciplinary actions, dating from August 1996 to the present, to the Health Integrity Protection Data Bank, and provided specific information and internet links on the SLPAB's web page to assist licensees in obtaining relevant information on a health practitioner's requirements under the Health Insurance Portability and Accountability Act of 1996.
- ❖ Worked with the Board of Occupational Therapy (BOT) on overlapping scope of practice issues and assisted the BOT in developing advanced practice licensing provisions for occupational therapists to engage in swallowing assessment or intervention.

### **[2003-2005]**

- ❖ Developed informational resource documents regarding current practice issues in speech-language pathology and audiology, including information on auditory processing disorders, electrical stimulation for swallowing disorders, vestibular function studies, SLPAs performing routine feeding activities, and SLPs supervising occupational therapists who are completing on-the-job training in swallowing assessment and intervention. Such documents can be accessed at the SLPAB's website.

### **[2005-2006]**

- ❖ Worked with the two systems of higher education in the state (UC/CSU) to identify workforce needs for training audiology students at the doctoral level. Assisted with securing professional experts to review training program proposals and select the new doctorate of audiology program sites.
- ❖ Improved the SLPAB's record retrieval and retention systems by implementing the comprehensive applicant tracking data base, the Applicant Tracking System (ATS).
- ❖ Improved the efficiency and consistency of the CPD audit process and course review procedures by employing volunteer professional subject matter experts to evaluate the relevance of unique course offerings.

### **Legislative and Regulatory Changes**

#### **[1999]**

- ❖ New provisions were added to the Business and Professions Code (SB 407, Stats 1998) authorizing audiologists to perform cerumen removal upon the development of a written protocol between the audiologist and an otolaryngology physician.
- ❖ Business and Professions Code Section 2532.6 was added (AB 205, Stats 1998) mandating that the SLPAB develop CPD requirements as a condition of license renewal. The CPD emergency regulations were adopted in April 1999 and an amended final regulatory action was later adopted in September.
- ❖ Business and Professions Code Section 2538.1 was added (AB 205, Stats 1998) creating the new paraprofessional registration category of SLPAs, which included training, supervision, and scope of practice provisions. The implementing regulations were adopted in April 2001.
- ❖ Business and Professions Code Section 2532.2 was added creating a temporary license issued for a period of six months to individuals who hold an unrestricted license from another state and are relocating to California.
- ❖ The SLPAB was sunsetted and became a program under the DCA for a period of six months due to failed legislative efforts to merge the SLPAB with the then Hearing Aid Dispensers Examining Committee. On January 1, 2000 (AB 124, Stats 1999) the SLPAB was restored.

#### **[2000]**

- ❖ Business and Professions Code Section 2532.7 was added creating a temporary provisional license for applicants completing the required professional experience (externship), as required for licensure in the state. Subsequent regulations were adopted by the SLPAB in January 2003 that provided terms and conditions for reissuing or extending the provisional license.
- ❖ Business and Professions Code Section 2532.8 was added creating an equivalency standard deeming the merits of the national certificate of clinical competence in speech-language pathology or audiology issued by the credentialing body of the American Speech-Language-Hearing Association (ASHA) as equivalent to state licensure requirements.

### **[2001-2002]**

- ❖ Business and Professions Code Section 2535.2 was amended to authorize the SLPAB to collect all unpaid renewal fees and delinquent fees from licensees who allow the license to lapse and then later seek to renew the license.
- ❖ The SLPAB adopted an emergency regulation in September 2001 increasing the biennially renewal fees for SLPs and audiologists from \$75 to \$110 to provide for the steady rise in operational expenses and to secure a solvent fund. The final regulatory proposal was later adopted in February 2002.

### **[2003]**

- ❖ Business and Professions Code Section 2530.2 was amended (SB 1379, Stats 2002) to expand the scope of practice of speech-language pathology, authorizing competent practitioners who meet specified criteria to use instrumental procedures for evaluating swallowing and communication disorders, including the use of flexible endoscopes.
- ❖ Business and Professions Code Section 2531 was amended to remove antiquated language referencing the SLPAB as an entity under the MBC and accurately reflecting its autonomous operational status as an agency under the DCA.
- ❖ Business and Profession Code Section 2534.2 was added authorizing the SLPAB to collect a fee for issuing license history and certification letters. Regulations specifying the exact fee amount of \$10.00 per letter were adopted July 2003.

### **[2004]**

- ❖ Business and Professions Code Section 2531.1 was amended to stagger the appointment terms of the board members appointed after November 30, 2004 for one term.
- ❖ Business and Professions Code Section 2532.6 was amended and authorized the SLPAB, if necessary and feasible, to review and approve all CPD course offerings that shall be applicable to CPD license renewal requirements.
- ❖ The SLPAB revised its disciplinary guidelines in July 2004 to update the enforcement reference document to include parameters for all licensees and registrants of the SLPAB. The regulatory action was later adopted in April 2005.

### **[2005-2006]**

Currently there are two enrolled legislative bills under consideration by Governor Schwarzenegger:

- Senate Bill 1285 (Aanestad) would amend Business and Professions Code Section 2530.2 to expand the scope of practice of SLPs to include performing suctioning in connection with the SLP's existing scope of practice after compliance with a medical facility's training protocols on suctioning procedures. Further, this bill would expand the locations in which a SLP is authorized to perform flexible endoscopic procedures to settings in which protocols for emergency medical backup procedures are established and meet specified criteria. Current law allows these procedures to be performed by SLPs in general acute care hospitals only.
- Senate Bill 1475 (The Committee on Business, Professions, and Economic Development-Healing Arts) would amend Business and Professions Code Sections 725, 800, and 2533. The amendments to Section 725 and 800 are technical clean-up amendments that appropriately



place speech-language pathologists and audiologists and the SLPAB under these provisions. (See page 28 of the report for further background.) The amendments to Section 2533 would provide the SLPAB with specific authority to discipline licensees for advertising academic degrees that are not issued by a valid educational institution and, as such, would constitute false, misleading, or deceptive advertising pursuant to Section 17500.

- ❖ The SLPAB amended its citation and fine provisions in April 2006 to authorize SLPAB to issue citations and fine to all licensees and registrants, to provide licensees who have been notified of compliance issues an opportunity to present their defense during an informal office mediation prior to the issuance of a formal sanction, and to align the regulations with the revised statute which increased the maximum fine penalty from \$2,500 to \$5,000 for specified cases.
  - ❖ In September 2005, the SLPAB amended the eligibility provisions for bachelor degree holders to qualify for registration as SLPAs deeming the clinical experience completed in the undergraduate training programs as acceptable toward the SLPA field work requirements.
  - ❖ The SLPAB updated the regulations defining board-approved professional training programs in July 2006 to modernize institutional and programmatic accreditation language and to recognize the transition to doctoral training in the profession of audiology.
  - ❖ As recent as August 2006, the SLPAB adopted regulations governing the disclosure of information to the public consistent with the Public Records Act and Information Practices Act. The goal of this proposal is to educate the public about the licensing and enforcement information maintained by the SLPAB that is a matter of public record and available for public review upon request.
- **Any major studies conducted by the Board. [Please provide copy of any documents or reports produced by or under the direction of the Board.]**

The SLPAB adopted the Occupational Analysis and Validation Study Report for the Practice of Speech-Language Pathology in 2001 as prepared by the DCA's Office of Examination Resources. (Appendix A)

In the Fall of 2001 the Examination Validation Study for the Practice of Audiology was completed by the DCA's Office of Examination Resources and adopted by the SLPAB. (Appendix B)

- **Licensing Data [Table below]. What information does the Board provide regarding the licensee (i.e., education completed, awards, certificates, certification, specialty areas, etc.)?**

Information pertaining to the professional status of SLPs, audiologists, SLPAs and CPD providers would normally be a matter of public record and, thus, disclosure would be required under the Public Records Act. There are, however, exceptions. Matters impacting the privacy rights of licensed professionals, such as Social Security Numbers, home address (other than the address of record), and telephone numbers would not be disclosed to the public.

The following licensee information maintained by the SLPAB is available to the public: name of licensee, address of record, license number, the license status, license issue date and expiration date, educational institution attended and the conferred degree, information regarding citations and fines issued, and any accusations filed or any disciplinary action taken against the licensee. The public may

contact the SLPAB office directly to obtain the licensee information noted. Alternately, most of the information may be accessed by visiting the SLPAB's website and using the license verification feature. In addition, the DCA's website has a direct link to access licensee information for all of its affiliate licensing boards and bureaus.

As of June 30, 2006, there are approximately 13,000 licensed SLPs, 1,919 licensed audiologists, 489 temporary required professional experience (RPE) license holders completing the required professional experience, 182 approved aides, 133 approved CPD providers, and 445 registered SLPAs.

The following provides licensing data for the past four years:

LICENSING DATA FOR SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
<b>Total Licensed</b>	<b>1,857</b>	<b>1,897</b>	<b>1,945</b>	<b>1,919</b>
CA. – Audiology	1,749	1,793	1,853	1,821
Out-of-State	108	104	92	98
<b>Total Licensed</b>	<b>11,988</b>	<b>12,441</b>	<b>12,838</b>	<b>13,000</b>
CA.- Speech-Language Pathology	11,263	11,760	12,125	12,231
Out-of-State	725	681	713	769
<b>Total Applications Received</b>	<b>661</b>	<b>668</b>	<b>698</b>	<b>781</b>
Audiology Regular	0	3	0	0
*Temporary RPE	31	46	51	46
**Equivalency	21	29	13	11
Speech-Language Path. Regular	5	4	7	5
*Temporary RPE	441	441	488	541
**Equivalency	163	145	136	178
<b>Total Applications Denied</b>				
Audiology	0	0	0	0
Speech-Language Pathology	0	0	0	1
<b>Total Licenses Issued</b>				
*Temp. RPE Audiology	31	46	51	46
Audiology	71	80	76	65
<b>TOTAL LICENSES ISSUED</b>				
*Temp. RPE SLP	503	462	537	402
Speech-Language Pathology	563	557	575	571
<b>Renewals Issued</b>				
Audiology	614	725	623	
Speech-Language Pathology	4,117	4,394	4,378	
<b>Statement of Issues Filed</b>	0	1	0	1
<b>Statement of Issues Withdrawn</b>	0	0	0	0
<b>Licenses Denied</b>	0	1	0	0

\* Temporary RPE applicants are individuals applying for an RPE temporary license [a provisional license issued for one to two years depending on employment time-base (full-time employment = 1 year; part-time =2 years)] in order to complete the required professional experience for permanent licensure.

\*\* Equivalency applicants are individuals who possess qualifications deemed equivalent to CA licensing requirements and have been awarded the Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association.

OTHER LICENSURE CATEGORIES (If Applicable)	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
<b>Total Licensees (By Type)</b>				
Aides	147	133	176	182
Speech-Language Pathology Assist.	140	262	342	445
Cont. Professional Develop. Pvdr	138	135	133	133
<b>Licenses Issued (By Type)</b>				
Aides	74	95	78	65
Speech-Language Pathology Assist.	121	122	73	97
Cont. Professional Develop. Pvdr.	25	13	24	11
<b>Renewals Issued (By Type)</b>				
*Aides	*	*	*	*
Speech-Language Pathology Assist.	8	38	149	
Cont. Professional Develop. Pvdr.	34	64	51	
<b>*Renewal Not Required</b>				

AVERAGE DAYS TO RECEIVE LICENSE	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
<b>Total Average Business Days*</b>	<b>30 days</b>	<b>20 days</b>	<b>20 days</b>	<b>30 days</b>

\*Business days

## BUDGET AND STAFF

### Current Fee Schedule and Range

- **Discuss which fees are main source of revenues, when renewal is required, date of last fee(s) adjustment, and if any plans to increase fees and for what reasons. List all fees.**

The SLPAB, like most of the other healing arts boards within the DCA, is a special fund agency which derives the majority of its revenue from application, licensing, renewal, and delinquency fees, with minimal contribution from its enforcement cost recovery efforts, citation and fine assessments, and interest.

Licensees of the SLPAB must renew their license or registration biennially due on the last day of the licensee's birth month. Alternately, CPD providers renew their provider approval biennially based on the month the provider was initially approved by the SLPAB.

Application fees have not fluctuated for several years and because the SLPAB does not administer a state licensing examination, no examination fees are scheduled or collected. The statutory ceiling for scheduled renewal fees for licensed SLPs and audiologists is not to exceed \$150 (B&P Section 2534.2). In FY 1999/2000 the Department of Finance reviewed the SLPAB's analysis of fund condition and recommended that the SLPAB initiate action to increase the biennial renewal fee as the fund reserve was steadily declining and would have become insolvent by the end of the FY 2003/04. Unfortunately, the regulatory amendment was delayed as, during this same period, the SLPAB had been sunset for a period of six months and, when restored, operated without appointed board members for another year. Once in full operation, the SLPAB was able to adopt emergency regulations in September 2001, which increased the imposed renewal fees from \$75 to \$110 for all licenses renewed after January 1, 2002. The renewal fee increase was carefully analyzed by SLPAB staff and the DCA's Budget Office with the goal of establishing a reasonable increase to achieve sufficient operational funding.

Fee Schedule	Current Fee	Statutory Limit
Speech-Language Pathologist (SP) & Audiologist (AU) Renewal Fee	\$110.00	\$150.00
Delinquent Fee	\$25.00	\$25.00
Re-Exam Fee	0	\$75.00
Aide Registration	\$10.00	\$30.00
Speech-Language Pathology Assistant Application	\$50.00	\$100.00
Speech-Language Pathology Assistant Renewal	\$75.00	\$150.00
SP & AU Application Fee	\$35.00	\$150.00
SP & AU Initial License Fee	\$25.00	\$25.00
Continuing Profession Development Provider Application	\$200.00	\$200.00
Continuing Professional Development Provider Renewal	\$200.00	\$200.00
Duplicate Wall Certificate	\$25.00	\$25.00
Duplicate Pocket License	\$25.00	\$25.00
License and History Certification Letter (Letter of Good Standing)	\$10.00	\$25.00
Temporary License Fee	\$30.00	\$30.00

### **Revenue and Expenditure History**

- **Provide brief overview of revenues and expenditures.**

As provided in the chart below, the SLPAB's current and projected revenues and expenditures should remain stable. One minor increase is noted in the revenue generated from fines and penalties in FY 2004/05 which was attributed to a greater number of complaint activity resulting in the imposition of citations and fines during that year. Much of the fines collected were for CPD renewal violations identified during the CPD audit. Otherwise, the gradual increase in revenues and expenditures is consistent with the gradual rise in the SLPAB's licensing population and associated program responsibilities.

### **Comparison of Revenues and Expenditures: [See Table Below]**

REVENUES	ACTUAL				PROJECTED	
	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08
Licensing Fees	\$597	\$641	\$637	\$672	\$704	\$704
Fines & Penalties	\$ 0	\$0	\$10	\$0	\$0	\$0
Other	\$ 3	\$6	\$5	\$13	\$13	\$13
Interest	\$5	\$7	\$14	\$31	\$16	\$15
<b>TOTALS</b>	<b>\$ 605</b>	<b>\$654</b>	<b>\$666</b>	<b>\$716</b>	<b>\$733</b>	<b>\$732</b>

EXPENDITURES	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 06-07	FY 07-08
Personnel Services	\$ 272	\$294	\$314	\$338	\$338	\$338
Operating Expenses	\$ 212	\$212	\$244	\$241	\$408	\$434
(-) Reimbursements	\$ 25	\$17	\$20	\$25	\$24	\$24
(-) Distributed Costs	0	0	0	0	0	0
<b>TOTALS</b>	<b>\$ 459</b>	<b>\$489</b>	<b>\$538</b>	<b>\$554</b>	<b>\$722</b>	<b>\$748</b>

### **Expenditures by Program Component**

- **Discuss the amounts and percentages of expenditures made by program components.**

Over 55% of the SLPAB's resources are devoted to its licensing program that is reflective of the volume of licensing activity and program responsibility routinely managed by the SLPAB staff. Licensing expenditures not only encompass application processing and the issuance and maintenance of licensees, but also include the SLPAB's CPD program activity, the production of all educational materials and much of the SLPAB's regulatory action. Historically the SLPAB enforcement's program responsibilities have consumed on average 25% of the overall budget. However, the significant rise in complaint activity as reported in the enforcement table on page 30, will necessitate a greater percentage of funding to be redirected to the enforcement program for administrative proceedings. A reported 5% of the SLPAB expenditures are devoted to examination duties and, while the SLPAB does not administer a state licensing examination, SLPAB staff must review and monitor examination scores and statistics of the national examination required for licensure, and publishes examination bulletins notifying prospective applicants of the national examination schedules and application procedures. Further, the SLPAB executive officer participates routinely in examination development discussions with national professional associations and counter-part state organizations.

[See Table Below]

EXPENDITURES BY PROGRAM COMPONENT	FY 02-03	FY 03-04	FY 04-05	FY 05-06	Average % Spent by Program
Enforcement	\$115	\$122	\$134	\$138	25%
Examination	\$23	\$25	\$27	\$28	5%
Licensing	\$252	\$269	\$296	\$305	55%
Administrative	\$69	\$73	\$81	\$83	15%
Diversion (if applicable)					
TOTALS	\$ 459	\$489	\$538	\$554	100%

### **Fund Condition**

- **Discuss reserve level, spending trends, and if a mandated statutory reserve level exists. Also whether deficit may occur and whether fee increase or reduction is appropriate.**

Through diligent budget monitoring, reasonably accurate revenue trend projections, and sensible spending practices, the SLPAB has maintained a prudent fund reserve for several years. The SLPAB's annual budget appropriation of approximately \$700,000 is considerably smaller than many of the other agencies of the DCA and, as such, it would be difficult for the SLPAB to absorb significant unforeseen costs, such as costly enforcement actions or other unexpected client service costs. Although there is no statute requiring the SLPAB to maintain a minimum fund balance, it has been recommended by the DCA Budget Office that the SLPAB's contingency fund be maintained above the standard three to six months of reserve recommended for agencies with moderate to larger budgets should an unexpected deficiency situation arises.

The following analysis of fund condition indicates an average reserve level of approximately 13 months. The SLPAB will continue to closely monitor its contingency fund with the DCA Budget Office to ensure that on-going revenues and expenditure obligations are reasonably balanced so that the SLPAB is able to fortify its operation in future years.

- **Comparison of Revenues, Expenditures, and Reserves: [See Table Below]**

ANALYSIS OF FUND CONDITION	FY 03-04	FY 04-05	FY 05-06	FY 06-07 (CY)	FY 07-08 (Projected)	FY 08-09 (Projected)
<b>Total Reserves, July 1 (Includes Prior Year Adj.)</b>	\$378	\$551*	\$684*	\$846	\$858	\$836
<b>Total Revenue &amp; Transfers</b>	\$654	\$667	\$716	\$734	\$733	\$732
<b>Total Resources</b>	\$1,032	\$1,218	\$1,400	\$1,580	\$1,591	\$1,568
<b>Total Expenditures</b>	\$489	\$538	\$554	\$722	\$755	\$791
<b>Unreimbursed Loans to General Fund</b>	NA	NA	NA	NA	NA	NA
<b>Accrued Interest Loans to General Fund</b>	NA	NA	NA	NA	NA	NA
<b>Reserve, June 30</b>	\$543	\$680	\$846	\$858	\$836	\$778
<b>MONTHS IN RESERVE</b>	12.1	14.7	14.1	13.6	12.7	11.4

\*Prior year adjustments are made to beginning balance to tie ending balance to SCO.

## LICENSURE REQUIREMENTS

### Education, Experience and Examination Requirements

- Discuss education, experience and examination requirements for all licensure categories which the board regulates.

### Speech-Language Pathologists & Audiologists

Currently, in the state of California, SLPs and audiologists must be licensed by the state in order to practice unless they: 1) have appropriate credentials from the California Commission of Teacher Credentialing and are employed by, and exclusively conduct practice in, a public preschool, public or

registered<sup>1</sup> non-public elementary school, or secondary school; or 2) are employed as a SLP or an audiologist by a federal agency.

The requirements for licensure include: 1) possession of a master's degree or its equivalent in the field of specialty (speech-language pathology or audiology) from an educational institution approved by the SLPAB or qualifications deemed equivalent by the SLPAB; 2) 300 supervised clock hours of clinical experience in three different settings; 3) a passing score on a national competency examination for the field of specialty; and 4) successful completion of 36 weeks of full-time or its part-time equivalent of a supervised required professional experience (RPE) term. Application for license renewal, at two-year intervals, requires verification that 24 hours of approved CPD have been completed, unless a specific exemption has been authorized by the SLPAB (pursuant to CCR Section 1399.160.2).

Professional services are to be provided in a safe and efficacious manner and must be consistent with the current established standard of care. Codes of Ethics are set forth by the appropriate professional associations with respect to and in consideration of cultural, spiritual, ethnic, gender, and age-related factors. Services are to be provided in a physical environment that is safe, clean, and appropriate to the care being provided. An adequate range of age-appropriate materials should also be utilized. The clinician is to execute appropriate clinical judgment relative to the scope of practice parameters, level of skill and competency in practice area, and financial resource/reimbursement considerations.

Audiologists also practice under the guidelines of the American Academy of Audiology's (AAA) Code of Ethics and Scope of Practice requirements, the recommendations of the Joint Audiology Committee on Clinical Practice, the Joint Commission on Infant Hearing 2000 Principles and Guidelines, as well as the American Speech-Language-Hearing Association, Preferred Practice Patterns for the Profession of Audiology. SLPs also practice under guidelines of the American Speech-Language-Hearing Association's (ASHA) Code of Ethics and Guidelines for Evidence Based Practice in Communicative Disorders.

Board-approved institutions that grant a master's degree in the field of specialty typically have been awarded accreditation by the ASHA. Therefore, the required academic and clinical experiences qualify graduates for the ASHA Certificate of Clinical Competence in either speech-language pathology or audiology. In addition, students may elect to fulfill the requirements for a Clinical Rehabilitative Services Credential while obtaining a master's degree. This credential, awarded by the California Commission of Teacher Credentialing, allows individuals to provide services in California public schools.

Audiologists have the additional option of being awarded certification from the American Board of Audiology (ABA). In order for audiologists to dispense hearing aids in California, they are required to possess a hearing aid dispenser's license, which requires the audiologist to pass written and practical examinations administered by the Hearing Aid Dispensers Bureau (HADB) of the DCA.

## **Education – Training Programs**

Graduate degrees from accredited institutions are those awarded by post-secondary educational institutions accredited by regional accrediting agencies recognized by the United States Department of

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<sup>1</sup> Pursuant to statutory changes Education Code Section 56366.1 (n)(1) effective January 1, 2005 (AB 1858) an individual who holds a valid and clear rehabilitative services credential in communication disorders can provide services in non-public schools which are registered as such with the Department of Education.

Education or the Council on Post-Secondary Accreditation. The North Central Association of Colleges and Schools and the Western Association of Schools and Colleges are examples of accrediting agencies so recognized.

There are fourteen (14) ASHA accredited academic programs in the state of California that award a baccalaureate degree and/or a terminal master's degree in Communicative Disorders with an emphasis in speech-language pathology. Twelve of the training programs are located within the CSU system and two programs exist in private universities. Because the educational standard for audiology has changed from the master's degree to the doctoral degree (AuD) as the entry degree for practice, the State University programs which offered master's degrees in audiology have now closed. There is currently only one doctoral program in audiology, the joint CSU, San Diego/UC San Diego joint AuD program, which opened in 2003. Two additional joint doctoral programs in audiology, UC San Francisco/San Francisco State University and UC Los Angeles/CSU Northridge are in development. These two programs are slated to begin accepting students to a 4-year AuD program in September, 2007.

Typically, speech-language pathology graduate students will have taken 40-45 undergraduate semester units in Communicative Disorders (a program that combines both speech-language pathology and audiology coursework) prior to beginning their master's programs. They will then take 39-46 units of graduate coursework, and participate in 375-400 hours of supervised practical experience in at least three different clinical environments. State licensure requires a combined 60 semester units of undergraduate and graduate coursework and 300 hours of clinical practica. Through this coursework and practica, students gain information and experience in order to take and pass the national competency examination. Audiology graduate students, who often have undergraduate degrees in fields other than Communicative Disorders (for example, psychology or biology), have the option of taking the necessary coursework and participating in student teaching experiences in order to earn the Clinical Rehabilitative Services Credential so that they may practice in public schools. As recent as 2000, Education Code Section 44831 was amended authorizing employment of licensed SLPs in the state school system in an effort to bolster the supply of qualified professionals to serve school-aged children. The statutory change extinguished the requirement that SLP students earn the optional credential; however, they are still strongly encouraged to seek this credential. Audiology and speech-language pathology graduate students are guided and informed about the licensing standards and requirements of the HADB, as well as the requirements for professional certification.

Many speech-language pathology and audiology graduate students take and pass their university's practice-specific comprehensive examination during their last semester in the program. After graduation, SLPs apply to the SLPAB for a provisional license (the Temporary RPE License) to begin their supervised clinical experience, a 36-week, full-time practical experience. An alternative is a 72-week part-time experience. The achievement of this experience, along with the completion of all university coursework and practica, passing of the national competency examination and a Department of Justice and Federal Bureau of Investigation fingerprint clearances, qualifies an individual for a state license. Audiologists in AuD programs now complete their one-year (4<sup>th</sup> year) externship prior to being granted their degree, and in so doing, complete their RPE during this fourth year of education.

ASHA and AAA Scope of Practice statements identify the depth and breadth of current skills and knowledge required for SLPs and audiologists. Both organizations are calling for increasing the entry-level requirements because of the increasing levels of technology and complexity involved in daily practice. ASHA mandated new certification standards for SLPs, and these standards were implemented in 2005, increasing all academic and practicum requirements.



## **Speech-Language Pathology Assistants**

An SPLA is limited to the responsibilities, duties and functions as provided in Section 2538.1 of the Business and Professions Code. Article 12, Section 1399.170.3 of the regulations pertaining to SLPAs specifies the activities, duties and functions outside the scope of responsibilities of an SLPA.

To be eligible for registration by the SLPAB as an SLPA, the applicant must possess at least one of the following qualifications (Article 12, Section 1399.170.11):

- a) An associate of arts degree from a SLPA program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the SLPAB, or
- b) Evidence of completion of a bachelor's degree in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Post-Secondary Education" handbook issued by the Council on Education, and completion of a minimum of seventy (70) clock hours of field work from a Board approved program (either an approved SLPA program or an undergraduate program as described above).
- c) Evidence of completion of an equivalent SLPA associate of arts or sciences degree program, which includes the competencies listed in the American Speech-Language-Hearing Association's 2004 Guidelines for the Training, Use and Supervision of SLPAs, Appendix B.

Typically, students who graduate with an associate of arts or science degree as an SLPA will have taken between 60 and 65 semester units, prior to being registered by the SLPAB as an SLPA. Registration requirements specify that the applicant will have taken 60 semester units, which include the following:

- 1) Twenty (20) to thirty (30) semester units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral and health sciences.
- 2) Thirty (30) to forty (40) semester units in course work that satisfy the competencies defined in the American Speech-Language-Hearing Association's 2004 Guidelines for the Training, Use and Supervision of SLPAs, Appendix B, including fifteen (15) hours of directed observation, and a minimum of seventy (70) clock hours of field work experience. The achievement of this experience, along with the required academic course work and a Department of Justice and Federal Bureau of Investigation fingerprint clearance, qualifies an individual for registration.

Recently, national school personnel standards for paraeducators involved with core curricula have been established with the AA degree as a target standard (i.e., No Child Left Behind Act - NCLB). The federal Individuals with Disabilities Education Act (IDEA '05) is currently undergoing alignment with NCLB including personnel standards. As special education speech and language services are mainstreamed and coordinated with the classroom and core curricula (e.g., oral language development, phonemic awareness, reading and language arts, etc.), California's AA degree SLPA standards will be compatible with and satisfy these new federal paraeducator standards.

SLPAs are required to be registered by the SLPAB regardless of work setting. In other words, there are no exempt settings for this level of service delivery.

## **National Certifying Bodies and Professional Organizations**

SLPs are typically members of the ASHA, and have certification through this organization.

Audiologists are typically members of the AAA, and may be certified through the ABA or the ASHA.

Audiologists and speech-language pathologists may be members of one or all of the following organizations. The SLPAB works with most of these organizations in order to maintain continuity of educational efforts when appropriate for California consumer care and protection.

**National Organizations:**

American Academy of Audiology (AAA)  
American Board of Audiology (ABA)  
American Speech-Language-Hearing Association (ASHA)  
Academy of Dispensing Audiologists (ADA)  
Academy of Rehabilitative Audiology (ARA)  
American Auditory Society (AAS)  
Acoustical Society of America (ASA)  
Educational Audiology Association (EAA)  
Military Audiology Association  
National Hearing Conservation Association

**California Professional Organizations**

California Academy of Audiology (CAA)  
California Speech-Language-Hearing Association (CSHA)  
The California Medical Speech Pathology Council

The standards for state licensure and for ASHA or ABA certification share many features, including a master's degree or equivalent with specific coursework requirements, documented clinical practica, and a passing score on a written examination. As of January 1, 2007, audiologists must have a doctoral degree in order to be certified by the ABA. Education activities beyond the entry-level requirements for licensure may be required in various settings due to specific services or technologies, with participation in specific on-the-job training, mentoring, and/or CPD coursework or study.

- **What does the Board do to verify information provided by the applicant regarding education and experience? What process is used to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?**

The SLPAB requires applicants to submit official transcripts from all educational training institutions attended to verify completion of the required coursework and conferred degree. In addition, clinical experiences completed within the professional training institutions must be documented and verified by the institution's authorized clinical director. Finally, applicants for professional licensure, that is, SLPs and audiologists, must complete an externship or required professional experience. Such experience is completed under a provisional license, the Temporary RPE License, which enables individuals to work under limited supervision for a period of one year full-time or two years part-time. The externship experience is recorded on the SLPAB prescribed form, the RPE Verification Form, which is completed by the RPE licensee and a Board-approved licensed or certified (if completed in an exempt setting) audiologist or SLP supervisor. The RPE supervisor is responsible for certifying the completion of the requisite hours of experience, as well as determining whether the RPE licensee is competent to practice independently. If such competency cannot be established, a supervisor may request an extension of the Temporary RPE License under B&P Code Section 2532.7 to enable the RPE licensee to gain additional work experience and guidance in noted areas of weakness.

All applicants are required to submit to Department of Justice (DOJ) and Federal Bureau of Investigation fingerprinting. For applicants residing in California, it is mandatory [pursuant to Penal Code 11077.1(a)] that applicants submit themselves to the (DOJ) Livescan process. This electronic process efficiently searches both state and national law enforcement databases for any prior arrests and conviction history of a pending applicant and notifies the SLPAB of the findings within approximately 48 hours.

Further, applicants are required to self-report prior discipline on the license applications. The SLPAB has recently adopted a new reporting process by using standardized reporting forms (Appendix C- Conviction/License Disciplinary Action Form) that should be submitted with the application document should an applicant have a reportable action. The new reporting forms assist applicants in supplying the necessary information to the SLPAB and will create greater consistency in the type of information received and reviewed by SLPAB staff.

Also, the national professional organizations and state licensing agencies across the country have an established system of reporting professional disciplinary action to other state licensing agencies where a subject individual may seek licensure.

- **Discuss passage rates for all examinations, whether there is legitimate justification for all exams, whether exams have had an occupational analysis performed and been validated and when, and the date of the next scheduled occupational analysis for each exam.**

Since the SLPAB does not administer a state licensing examination for SLPs or audiologists, its examination program consists of monitoring and evaluating the appropriateness of the recognized national examinations, the Praxis Series Specialty Area Tests in Speech-Language Pathology or the Specialty Area Test in Audiology, depending on the license type, administered by the Educational Testing Service, as the examination requirement to obtain a license in California. Both of the national examinations were reviewed and validated by the DCA's Office of Examination Resources in 2001. In addition, the OER conducted a complete occupational analysis for SLPs from 1997-2001. It was determined that the process was unnecessary for audiologists as the ETS, on behalf of the ASHA, had previously conducted a comprehensive work force study for audiologists. The OER had suggested to the SLPAB that it evaluate the ETS study to determine its relevancy to the scope of practice for audiologists in California and, further, whether the knowledge, skills, and tasks reported were adequately reflected in the national examination blueprint.

While the results of both of the national examination studies were deemed valid and appropriate and were adopted by the SLPAB, the SLPAB did express some concern regarding the audiology examination, which it shared with both ETS and ASHA. The SLPAB reported that the results of the audiology validation study demonstrated that the majority of the practice analysis conducted by ETS was relevant to audiology practice in California. However, it was noted that some clinical activities and knowledge areas were judged to be either over emphasized or under emphasized, and specific recommendations for improving the relevance of the examination content was communicated.

Recently, the SLPAB has been in contact with both ETS and ASHA regarding on-going examination development and modification. ASHA representatives have stated that they are continually working with ETS to update the national examinations' content to reflect the evolving practices of speech-language pathology and audiology. As stated throughout this report, the need for the transition to doctoral training in audiology stemmed from the notable advancement in professional responsibilities

of the licensed audiologist in the health care industry. The audiology examination content should reflect the increase in knowledge and skills. To that end, the ETS, on behalf of ASHA, will complete a new workforce study for audiologists in 2006 to further guide the ETS with examination development.

The SLPAB has contacted the OER to schedule the next examination validation studies for the national examinations in speech-language pathology and audiology in mid-to-late 2007. The SLPAB has also requested the necessary funding from the Department of Finance for FY 2007-08 through the Budget Change Proposal process to fund these critically important studies. The SLPAB will obtain copies of the most recent workforce studies completed by the ETS to assist with its examination validation studies.

It should also be noted that the AAA is in the process of developing a new audiology examination, which will be required for national board certification through the ABA. This is in response to the requirement that audiologists, beginning on January 1, 2007, possess a doctoral degree in Audiology (AuD or PhD) in order to be certified. This imminent development may be a future alternative the SLPAB may consider to its existing examination requirements for audiology licensure.

- **Comparison of exam passage rates for all candidates for both a national exam (if applicable) and/or a California state exam(s) if provided: [See Tables Below]**

[AUDIOLOGY]				
YEARS	NATION-WIDE		CALIFORNIA ONLY	
	TOTAL CANDIDATES	PASSAGE RATE	TOTAL CANDIDATES	PASSAGE RATE
2002/03	746	86%	79	75%
2003/04	540	84%	56	82%
2004/05	555	83%	57	75%
2005/06	**	**	**	**
*NOTES CALIFORNIA DOES NOT ADMINISTER A STATE EXAMINATION				
[SPEECH-LANGUAGE PATHOLOGY]				
YEARS	NATION-WIDE		CALIFORNIA ONLY	
	TOTAL CANDIDATES	PASSAGE RATE	TOTAL CANDIDATES	PASSAGE RATE
2002/03	6336	84%	492	85%
2003/04	6084	83%	410	83%
2004/05	6252	86%	431	87%
2005/06	**	**	**	**
*NOTES CALIFORNIA DOES NOT ADMINISTER A STATE EXAMINATION				
** Examination statistics for past year will not be available by the national examination vendor (ETS) until October 2006. SLPAB will provide statistics to the Committee once available.				

- **Discuss any increase or decrease in average time to process applications, provide exam and issue license.**

The SLPAB has consistently maintained a three to four week application processing timeframe and has not experienced backlog. Even during peak application workload periods, which are typically tied to the spring and fall university graduation months, the SLPAB staff will prioritize their duties in order to meet the internal established processing timeframe. Of the four staff employed at the SLPAB, three are cross-trained to assist with application processing and license issuance. Therefore, staff is readily trained and available to work on processing applications during peak months.

Additionally, much of the document processing that was once required of all applicants was dramatically reduced when equivalency provisions were established (B&P Code Section 2532.8, effective 2000), which deemed the national Certificate of Clinical Competence issued by ASHA as equivalent to the educational and experience requirements of state licensure. Thus, a majority of applicants who relocate from other states can and do apply under this expedited process.

### **Continuing Education/Competency Requirements**

- **Discuss briefly: changes made by the Board since last review to assure competency. How does the Board verify CE or other competency requirements?**

Assembly Bill 205, Ch. 1058, effective January 1, 1999, established the requirement that all professionals licensed and registered by the SLPAB must engage in continuing professional development (CPD) and learning that is related to the professions of speech-language pathology or audiology. Business and Professions Code Section 2532.6(b) was adopted into law and provided that after January 1, 2001, the SLPAB shall not renew any license or registration unless the licensee has certified to the SLPAB that he or she has completed the required number of CPD hours established by the SLPAB in the preceding two years.

The SLPAB adopted emergency regulations in April 1999 (Article 11 of Title 16 California Code of Regulations) and further refined the provisions in the succeeding 6 months to define the SLPAB's CPD program requirements. The initial regulations specified the CPD renewal requirements in terms of the required number of hours to be obtained, course content, provider qualifications, record retention, and exemption criteria.

Currently, licensed SLPs and audiologists are required to complete twenty-four hours of CPD from a Board-approved provider during their preceding two-year license renewal cycle. The term *Board-approved providers* refers to entities directly approved by the SLPAB and entities explicitly recognized in statute because of their comprehensive educational review program for the respective professions. *(SLPAs are also required to complete CPD every two years; however, the 12 hours required of SLPAs do not have to be obtained by Board-approved providers. Instead the SLPA supervisor serves as a professional development coordinator for the SLPA and assists the paraprofessional in developing a plan to complete the required hours through attendance at state or regional conferences, workshops, or formal in-service presentations.)*

Certification of completion of the required CPD is documented on the license renewal form, which includes a statement of compliance that must be signed by the licensee. Subsequent random audits are performed by the SLPAB wherein actual course completion documents are requested of the licensees to verify the statements of compliance. Failure by the licensee to produce the requested documentation can result in the SLPAB issuing a citation and fine against the licensee.

In the spring of 2003, the SLPAB conducted its first CPD audit to assess licensees' compliance with the program requirements and to determine the extent to which mandatory CPD requirements have influenced licensees to partake in quality professional learning experiences. Ultimately, the SLPAB discovered that both licensees and providers are significantly confused about the subject areas (course content) that may be applied to the CPD license renewal requirements. CPD courses must be directly relevant to the practice and must address direct and/or indirect client care. Many licensees are finding it difficult to discern a course addressing practice-specific diagnostic information and one that provides general health-related information that may enhance a practitioner's general knowledge base. In 2004, the SLPAB initiated a statutory change that was realized in the passage of SB 1913, which amended Section 2532.6 and provided the SLPAB the authority to approve individual courses as well as providers. In this way, the SLPAB can employ such provisions if other efforts (that is, amending existing CPD regulations to provide further clarity and sending additional educational materials to the licensees) do not alleviate the confusion regarding the existing CPD requirements. The SLPAB has spent the past several months completing and analyzing the results of its most recent 2006 CPD audit. The audit results show an 85% compliance rating and have provided the SLPAB with new insight into the learning experiences available to its licensees and how such learning experiences serve to promote professional growth for SLPs and audiologists. The information has prompted the SLPAB to initiate a CPD regulation amendment (Appendix D) that broadens the definition of applicable course content areas as well as provides greater clarity to CPD requirements.

CPD has and will continue to be critically important in learning new techniques and strategies for providing appropriate services to individuals from diverse cultural and linguistic backgrounds, as well as to those from the ever-growing aging population.

CPD assists in ensuring minimal competence in a dynamic field. Even though it does not ensure the professional's comprehension of the information/training provided, it ensures exposure and encourages the professional to keep abreast of new information and technological advances.

CPD is necessary to ensure that the public is being served by practitioners who maintain up-to-date knowledge. CPD is a standard requirement for all professions including medicine, nursing, and many allied health fields.

### **Comity/Reciprocity With Other States**

- **Discuss briefly: temporary licensing process, or any other methods used to facilitate licensing of those from other states or foreign countries. Any anticipated changes or changes made since last review?**

Section 2532.3 of the Business and Professions Code allows an individual who holds an unrestricted license in another state or territory of the United States to obtain a temporary license in the state of California for a period of six months. The temporary license enables the out-of-state applicant to begin work almost immediately while all other required documents and supporting information are being transmitted to the SLPAB for review. Once all licensing information has been submitted, reviewed and approved, the individual is eligible for a permanent license. The statute authorizes the SLPAB to renew the temporary license one time if extenuating circumstance surrounding the individual's ability to complete the license application exists and if the individual has submitted an application to seek permanent licensure in the state.

Assembly Bill 124, Stat of 1999, established new equivalency provisions regarding state licensing for SLPs and audiologists. The equivalency provisions, B&P Code Section 2532.8, deem that a person who holds the national Certificate of Clinical Competence in speech-language pathology or audiology, issued by the ASHA's Council for Clinical Certification, to have met the educational and experience requirements set forth in licensing provisions. Since greater than 97% of SLPs and 98% of audiologists who relocate from other states to apply for licensure in California hold national certification through ASHA, the new equivalency provision all but extinguished the need for the six-month temporary license for out-of-state applicants. (This trend may decline in the near future for audiologists, as many audiologists are no longer seeking certification through ASHA as certification through the ABA is becoming increasingly more common.) However, after experiencing a number of situations where the issuance of the national certification was awarded to individuals that may not have met licensing examination requirements or may have obtained such qualifications in violation of California licensing provisions, it became clear to the SLPAB that the equivalency provisions should not be absolute. As such, the SLPAB sought to reserve the authority to withhold the issuance of the license in such cases where one holds national certification but the issuance of such certification is suspect; that is, the SLPAB has reason to believe that the individual may not possess the required licensing qualifications. The amendment to Section 2532.8 occurred during the 2001-2002 legislative session under SB 1379, Stats 2002. Existing provisions authorize the SLPAB to investigate and verify that an individual has met the requisite equivalency standards.

## ENFORCEMENT ACTIVITY

ENFORCEMENT DATA	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
<b>Inquiries</b>	Total: NDA	Total: NDA	Total: NDA	Total: NDA
<b>Complaints Received (Source)</b>	Total: 40	Total: 48	Total: 59	Total: 89
Public	10	7	7	13
Licensee/Professional Groups	7	7	15	6
Governmental Agencies	22	33	31	19
Other	1	1	6	51
<b>Complaints Filed (By Type)</b>	Total: 40	Total: 48	Total: 59	Total: 89
Competence/Negligence	3	0	5	1
Unprofessional Conduct	8	7	11	7
Fraud	0	1	2	5
Health & Safety	0	0	0	0
Unlicensed Activity	4	5	9	10
Personal Conduct	0	0	0	0
Criminal Charges/Convictions	16	12	11	10
CPD Violations	0	17	7	33
Other	9	6	14	23
<b>Complaints Closed</b>	Total: 30	Total: 56	Total: 33	Total: 108
<b>Investigations Commenced</b>	Total: 7	Total: 5	Total: 10	Total: 10
<b>Compliance Actions</b>	Total: 7	Total: 23	Total: 13	Total: 55
ISOs & TROs Issued	0	1	0	0
Citations and Fines	3	16	13	42
Educational Letter	2	7	2	8
Cease & Desist/Warning	2	0	0	5
Referred for Diversion	0	0	0	0
Compel Examination	0	0	0	0
<b>Referred for Criminal Action</b>	Total: 0	Total: 0	Total: 0	Total: 1
<b>Referred to AG's Office</b>	Total: 4	Total: 11	Total: 7	Total: 7
Accusations Filed	2	5	5	3
Accusations Withdrawn	0	0	0	0
Accusations Dismissed	0	0	0	0
<b>Stipulated Settlements</b>	Total: 1	Total: 3	Total: 9	Total: 4
<b>Disciplinary Actions</b>	Total: 3	Total: 3	Total: 9	Total: 5
Revocation	0	0	2	1
Voluntary Surrender	0	0	2	0
Suspension Only	0	0	0	0
Probation with Suspension	0	1	0	0
Probation	1	2	5	1
Probationary License Issued	0	0	0	3
Public Reprimand	2	0	0	0
<b>Probation Violations</b>	Total: 0	Total: 0	Total: 1	Total: 0
Suspension or Probation	0	0	0	1
Revocation or Surrender	0	0	0	0
<b>*NOTES</b>				



## **Enforcement Program Overview**

- **Discuss statistics in enforcement data. What is the source of most of the complaints? Are there some unique reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report any judgments taken against the licensee. Any current problems with Board's receiving relevant complaint information or obtaining information for investigation purposes? What are the largest number and type of complaints filed (incompetence, unprofessional conduct, etc.)? Explain which types of cases are being stipulated for settlement. Any significant changes since last review (increases or decreases)?**

The SLPAB is charged with the responsibility of ensuring that consumers of speech-language pathology and audiology services are protected from negligent, unprofessional, or otherwise dangerous practitioners, including those providing services without a license. In carrying out this mandate, the SLPAB operates an efficient enforcement program focusing its efforts on processing complaints and disciplinary actions thoroughly, swiftly, and objectively so those operating incompetently or unprofessionally in violation of the laws and regulations governing the professions of speech-language pathology and audiology are sanctioned appropriately.

The majority of complaints received by the SLPAB are allegations of unprofessional conduct, conviction of a crime, and violations related to failure to comply with required CPD mandates. Many complaints involving minor infractions or practitioner/client disagreements are resolved through mediation, letters of education, and/or the issuance of a citation and fine. Violations of a more serious nature that are substantially related to the duties of the licensee or pose a significant risk to the public, such as felony convictions, drug/alcohol misuse, and gross negligence are referred for formal investigation and possible disciplinary action. Complaints regarding unlicensed activity, where patient harm has occurred or is imminent, are investigated and referred to the District Attorney's office for criminal prosecution. Less serious unlicensed practice cases are addressed through cease and desist letters, and citation and fine orders.

The number of complaints received by the SLPAB has increased by more than 50% since the last reporting period. Many factors have contributed to the rise in complaint activity, including a substantial increase in the number of licensees and registrants regulated by the SLPAB, increased public visibility due to focused outreach efforts by the SLPAB, improved efficiency and sophistication of the criminal history reports received through the Department of Justice, and improved internal processing overseen by experienced enforcement staff who expedite cases that require immediate review and capture enforcement data accurately. In addition, the advent of the CPD program and subsequent audits has generated a significant increase in citation and fine activity and is directly responsible for the notable spike in complaints received in fiscal year 2005/06. In fact, 33 of the 89 complaints received in fiscal year 2005/06 were due to CPD violations.

Most recently the SLPAB requested the Senate Business, Professions, and Economic Development Committee to carry legislation in the health omnibus bill, Senate Bill 1475 (2005/2006 proposed legislation), to amend Business and Professions Code Section 725 to include speech-language pathologists and audiologists to the existing list of specified licensed health care practitioners, and to amend Section 800 to include the SLPAB among the list of applicable licensing agencies. As stated earlier in this report, the SLPAB was once identified as an examining committee under the jurisdiction of the Medical Board of California (Stats. 1972, Ch. 1355, § 1 at 2695.) and, in 2002, the jurisdiction

of the Medical Board was terminated to reflect the current governance structure of the SLPAB and its autonomous licensing, enforcement and regulatory programs. Thus, the SLPAB can no longer be considered to be under the jurisdiction of the Medical Board for the purposes of the provisions of Business and Professions Code Sections 725 and 800. This means the Board cannot apply these important public protection statutes that are intended to: 1) enforce a standard of professional conduct for health care practitioners, 2) establish the record retention and complaint procedures of the SLPAB, and 3) establish valuable reporting requirements for insurers providing professional liability insurance to SLPs or audiologists to notify the SLPAB of situations involving professional negligence or incompetence. Since it is clear that the intent of the aforementioned provisions is to provide health care boards the authority to obtain critical information regarding the conduct of a licensee in order to fully investigate a matter of public welfare, and it was an unintended omission that the SLPAB was not added to B&P Code Sections 725 and 800 when the governance language was changed in 2002, the SLPAB enlisted the assistance of the Legislature to amend these pertinent statutory safeguards. Provided SB 1475 passes, the SLPAB should receive all relevant settlement reports, arbitration awards and judgments involving speech-language pathologist or audiologist from applicable insurance entities.

### ***Stipulated Agreements:***

Accusations filed against licensees for violations of the licensing law are often resolved by stipulated agreements. A stipulated agreement is a final decision and order that resolves the accusation in a manner that is mutually agreed upon by the SLPAB and the licensee. The document outlines the admissions and the terms and conditions of the disciplinary order. The SLPAB established Disciplinary Guidelines in 1996 and subsequently updated the guidelines in July 2004 (Appendix E) to assist enforcement staff and administrative law judges in preparing appropriate and consistent stipulated and proposed agreements. The Disciplinary Guidelines outline minimum and maximum penalty expectations for violations of the licensing law as well as possible terms and conditions of probation. Even in cases where the SLPAB finds that the facts of the case as outlined in the accusation demonstrate a substantial departure from the established standard of care for the profession or a blatant disregard for the laws governing the practice(s), the SLPAB may consider a stipulated agreement for a voluntary surrender of the license. If such terms are not negotiable with the respondent, the SLPAB may then seek revocation of the license through the administrative hearing process.

- **Discuss what percentage of complaints is referred for investigation, then to accusation, and end up having some disciplinary action taken. What overall statistics show as to increases or decreases in disciplinary action since last review. [See Table Below]**

Since the last sunset review cycle in 1997, complaints received by the SLPAB have increased 66%, investigations opened increased 66%, and final disciplinary decisions rendered increased 85%. During this reporting period, more than half of cases investigated resulted in formal disciplinary action.

Over the last five years, 14% of complaints received were referred for formal investigation and 63% of cases investigated resulted in disciplinary action. The high percentage of cases investigated that ultimately result in discipline can be attributed to the thorough initial complaint review processes where an experienced enforcement analyst is able to identify cases where probable violations of the Practice Act have occurred and are likely to warrant administrative discipline, thus, utilizing the SLPAB's investigation resources prudently.

Since the last review, the percentage of complaints that required formal investigation has virtually remained the same; however, the percentage of cases investigated that resulted in disciplinary action increased by 36%.

NUMBER AND PERCENTAGE OF COMPLAINTS DISMISSED, REFERRED FOR INVESTIGATION, TO ACCUSATION AND FOR DISCIPLINARY ACTION				
	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
<b>COMPLAINTS RECEIVED</b>	<b>40</b>	<b>48</b>	<b>59</b>	<b>89</b>
Complaints Closed	33	64	37	108
Referred for Investigation	7	5	10	9
Accusation Filed	2	5	5	3
Disciplinary Action	3	3	9	5

### Case Aging Data

- **Discuss time frames for processing complaints, investigation of cases, from completed investigation to formal charges being filed, and from filing of the accusation to final disposition of the case. Discuss if any changes from last review. [See Table Below]**

As indicated in the table below, the SLPAB has processed and monitored some extremely involved and complex cases, which have extended multiple fiscal years. Currently, the SLPAB is investigating a few extremely complicated cases involving deviations from standard of care. Each of these cases, while unique in terms of the surrounding practice issues, pertain to scope of practice areas where research, data, and needs of specific client populations have demanded a greater awareness and professional acumen of new diagnoses and treatment protocols. These particular cases deal with the diagnosis and treatment of children with suspected Auditory Processing Disorders, as well as audiologic assessments of infants who are referred to licensed audiologists after undergoing newborn hearing screenings in a hospital. Cases such as these require additional investigation and lengthy negotiations that affect the average days to process complaints and to investigate and prosecute cases. Some cases have necessitated the use of multiple experts, investigators and AG staff. Recently, the SLPAB successfully obtained authorization to increase its enforcement staff to a full-time position, as the only position dedicated to the enforcement program had been reduced to a ¾ time-base during the state's mandatory workforce reduction drill in 2003/2004. The additional staff time invested in the enforcement program has substantially increased the SLPAB's ability to process complaints more efficiently as well as monitor the investigation and disciplinary process more closely, resulting in a more efficient overall program.

AVERAGE DAYS TO PROCESS COMPLAINTS, INVESTIGATE AND PROSECUTE CASES				
	FY 2002/03	FY 2003/04	FY 2004/05	FY 2005/06
Complaint Processing	166	194	147	170
Investigations*	102	318	114	560
Pre-Accusation**	165	66	93	198
Post-Accusation***	417	259	177	391
<b>TOTAL AVERAGE DAYS****</b>	<b>1346</b>	<b>264</b>	<b>744</b>	<b>811</b>

\*From opened complaint to completed investigation / \*\*From completed investigation to formal charges being filed  
 \*\*\*From formal charges filed to conclusion of disciplinary case / \*\*\*\*From date complaint received to date of final disposition of disciplinary case

- **Discuss time frames for closing of investigations and AG cases over past four years, and average percentage of cases taking over 2 to 4+ years, and any decreases or increases in the percentage of cases being closed each year. Discuss any changes from last review. [See Table]**

The SLPAB utilizes the services of the Division of Investigation (DOI) to perform its investigations. DOI completes approximately 72% of investigations within 180 days of receipt. The SLPAB monitors and assists the DOI with the investigation process in order to effectuate a thorough yet timely investigation. That being said, cases are assigned and worked according to the assessed priority, meaning that cases involving an immediate threat to the public's safety are handled first. Often the SLPAB's cases, while serious, are not categorized as urgent and thus are processed according to the date received and the available manpower of the DOI.

As evident in the following table, a majority of the cases (approximately 84%) handled by the Office of the Attorney General (AG) are closed within 2 years of receipt of the case. However, it is not uncommon for more technical and complex cases to require additional prosecution preparation time.

<b>INVESTIGATIONS CLOSED WITHIN:</b>	<b>FY 2002/03</b>	<b>FY 2003/04</b>	<b>FY 2004/05</b>	<b>FY 2005/06</b>	<b>AVERAGE % CASES CLOSED</b>
90 Days	1	6	1	1	<b>42.9%</b>
180 Days	2	2	2	0	<b>28.6%</b>
1 Year	0	0	1	0	<b>4.75%</b>
2 Years	0	0	0	2	<b>9.5%</b>
3 Years	0	0	0	1	<b>4.75%</b>
Over 3 Years	0	1	0	1	<b>9.5%</b>
<b>Total Cases Closed</b>	<b>3</b>	<b>9</b>	<b>4</b>	<b>5</b>	
<b>AG CASES CLOSED WITHIN:</b>	<b>FY 2002/03</b>	<b>FY 2003/04</b>	<b>FY 2004/05</b>	<b>FY 2005/06</b>	<b>AVERAGE % CASES CLOSED</b>
1 Year	1	2	7	2	<b>48%</b>
2 Years	1	2	3	3	<b>36%</b>
3 Years	1	0	2	1	<b>16%</b>
4 Years	0	0	0	0	<b>0%</b>
Over 4 Years	0	0	0	0	<b>0%</b>
<b>Total Cases Closed</b>	<b>3</b>	<b>4</b>	<b>12</b>	<b>6</b>	
<b>Disciplinary Cases Pending</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>9</b>	

### **Cite and Fine Program**

- **Discuss the extent to which the Board has used cite and fine authority. Discuss any changes from last review and last time regulations were updated. [See Table Below]**

The SLPAB is authorized by Business and Professions Code Section 125.9 to issue to a licensee a citation that may contain an order of abatement or an order to pay an administrative fine assessed by the SLPAB. Primarily, citations and fines are issued for failure to comply with CPD license renewal requirements or for unlicensed practice. Additionally, the SLPAB issues citations to those committing relatively minor violations that would not warrant formal disciplinary action.

In April 2006, the citation and fine regulations contained in CCR Section 1399.159 were revamped in an effort to provide a thorough fact gathering process, referred to as “office mediation,” prior to the actual issuance of the citation order (Appendix F- Updated Laws and Regulations 2006). Prior to the issuance of an official citation, the SLPAB notifies the subject licensee by sending a notice of probable violation letter and providing the subject licensee with an opportunity to resolve the matter through office mediation. The individual or his or her representative is given an opportunity to obtain copies of all non-privileged documents relevant to the matter by submitting a written request. By utilizing such a procedure, the SLPAB determines whether grounds exist to issue the official citation. Alternately, the parties have the opportunity to discuss the mitigating and aggravating factors that led to the probable violation notification and reach an appropriate settlement of the matter, thereby avoiding further administrative or legal procedures.

Since the issuance of the citation is public record, the SLPAB felt it prudent to construct a process that would enable the SLPAB to gather all of the pertinent information and hear the respondent’s defense prior to issuing the sanction. In this way, the SLPAB can make an informed decision regarding the issuance of a citation order and, in turn, protect the licensee and the consumer from reviewing unsubstantiated information.

In addition, the same regulation amendment realigned the current regulatory language to reflect amendments to the governing statute. Specifically, it increases the maximum allowable fine from two thousand-five hundred dollars (\$2500) to five thousand dollars (\$5000) in situations where exceptional circumstances exist. It specifies criteria that should exist to warrant maximum penalties.

<b>CITATIONS AND FINES</b>	<b>FY 2002/03</b>	<b>FY 2003/04</b>	<b>FY 2004/05</b>	<b>FY 2005/06</b>
Total Citations	<b>3</b>	<b>15</b>	<b>11</b>	<b>42</b>
Total Citations With Fines	3	15	11	42
Amount Assessed	<b>\$2,500</b>	<b>\$6,250</b>	<b>\$7,500</b>	<b>\$22,000</b>
Reduced, Withdrawn, Dismissed	\$1,500	\$1,325	\$1,600	\$8,350
<b>Amount Collected</b>	<b>\$1,000</b>	<b>\$4,425</b>	<b>\$5,400</b>	<b>\$9,050</b>

### **Results of Complainant Satisfaction Survey**

- **Discuss the results of the Survey. [See Table Below]**

In completing the consumer satisfaction survey the SLPAB sent out surveys to each complainant identified with cases closed during the various stages of review (initial complaint processing, investigation, and final disciplinary action) during each fiscal year. The results of the survey indicate that consumers have a good understanding of where to file a complaint and are satisfied with their contact with the SLPAB’s office. While still generally satisfied with the outcome of their complaint, consumers have a difficult time understanding that a licensing board may only take action against a practitioner who has violated a provision of the Practice Act. Often, consumers are dissatisfied with other factors surrounding their health care experience, for example, a personality conflict with the licensed provider, or dissatisfaction with payment arrangements of health care reimbursement policies, none of which violate the provisions of the license. Overall, consumers are satisfied with the level of service provided by the SLPAB staff in responding to their complaints.

CONSUMER SATISFACTION SURVEY RESULTS*				
QUESTIONS	Percent Satisfied by Calendar Year			
# Surveys Mailed: # Surveys Returned:	2002	2003	2004	2005
1. Were you satisfied with knowing where to file a complaint and whom to contact?	40%	100%	100%	92%
2. When you initially contacted the Board, were you satisfied with the way you were treated and how your complaint was handled?	60%	78%	83%	83%
3. Were you satisfied with the information and advice you received on the handling of your complaint and any further action the Board would take?	20%	45%	50%	67%
4. Were you satisfied with the way the Board kept you informed about the status of your complaint?	20%	45%	50%	67%
5. Were you satisfied with the time it took to process your complaint and to investigate, settle, or prosecute your case?	20%	67%	50%	67%
6. Were you satisfied with the final outcome of your case?	20%	22%	34%	50%
<b>7. Were you satisfied with the overall service provided by the Board?</b>	<b>40%</b>	<b>56%</b>	<b>67%</b>	<b>67%</b>

\*All boards and committees under review this year shall conduct a consumer satisfaction survey to determine the public's views on certain case handling parameters. (The DCA currently performs a similar review for all of its bureaus.)  
A list of seven questions has been provided. Each board or committee shall take a random sampling of closed complaints and disciplinary actions for a four year period. Consumers who filed complaints should be asked to review the questions and respond to a 5-point grading scale (i.e., 5, 4, 3 =satisfied to 1, 2 =dissatisfied). The board or committee shall provide the percent of satisfaction for each of the past four years.

## ENFORCEMENT EXPENDITURES AND COST RECOVERY

### Average Costs for Disciplinary Cases

- **Discuss the average costs incurred by the Board for the investigation and prosecution of cases, and which types of cases average more than others. Explain if the Board is having any difficulty in budgeting for Prosecution and Hearing costs, and whether cases may have been delayed because of cost overruns. [See Tables on Next Page]**

The average costs of investigating and prosecuting cases range from \$5,026 to \$13,071, depending on the complexity of the case.

The SLPAB carefully monitors and evaluates cases in need of investigation and prosecution and balances the costs of such activity with the need to carry out its mandate of public protection. The table below represents the fact that fluctuations in costs are inevitable and unpredictable. It is extremely important that the SLPAB's enforcement budget is sufficient to fund programming needs so that the SLPAB is not faced with curtailing necessary and critical enforcement activity.

In the table below, the average cost per case is not reflective of the actual cost incurred for cases referred or closed during the fiscal years noted in each column. Cases may carry over one or more fiscal years before closure or completion. Costs incurred for the DOI are based on a two-year roll over methodology. In this methodology, allocated funds for DOI investigations are based on the total investigation costs for the preceding two fiscal years. The amounts indicated below in the column "Cost of Investigation & Experts" represents actual investigation and experts witness costs during the fiscal years noted.

<b>AVERAGE COST PER CASE INVESTIGATED</b>	<b>FY 2002/03</b>	<b>FY 2003/04</b>	<b>FY 2004/05</b>	<b>FY 2005/06</b>
Cost of Investigation & Experts	<b>\$16,116</b>	<b>\$26,440</b>	<b>\$29,082</b>	<b>\$40,439</b>
Number of Cases Closed	3	9	4	5
Average Cost Per Case	\$5,372	\$2,938	\$7,271	\$8,088
<b>AVERAGE COST PER CASE REFERRED TO AG</b>	<b>FY 2002/03</b>	<b>FY 2003/04</b>	<b>FY 2004/05</b>	<b>FY 2005/06</b>
Cost of Prosecution & Hearings	<b>\$12,686</b>	<b>\$22,964</b>	<b>\$46,396</b>	<b>\$17,340</b>
Number of Cases Referred	4	11	8	7
Average Cost Per Case	\$3,172	\$2,088	\$5,800	\$2,477
<b>AVERAGE COST PER DISCIPLINARY CASE</b>	<b>\$8,544</b>	<b>\$5,026</b>	<b>\$13,071</b>	<b>\$10,565</b>

### **Cost Recovery Efforts**

- **Discuss the Board's efforts in obtaining cost recovery. Discuss any changes from the last review. [See Table Below]**

The SLPAB's authority to seek cost recovery is vested in Business and Professions Code Section 125.3. The SLPAB seeks cost recovery in all eligible disciplinary cases; however, it can be reduced or eliminated by an Administrative Law Judge during the administrative disciplinary process. While the SLPAB seeks reimbursement through cost recovery it does not negotiate the exchange of cost recovery for warranted discipline.

<b>COST RECOVERY DATA</b>	<b>FY 2002/03</b>	<b>FY 2003/04</b>	<b>FY 2004/05</b>	<b>FY 2005/06</b>
Total Enforcement Expenditures*	<b>\$28,682</b>	<b>\$48,048</b>	<b>\$70,876</b>	<b>\$57,207</b>
# Potential Cases for Recovery**	3	2	5	1
# Cases Recovery Ordered	1	2	4	1
Amount of Cost Recovery Ordered	\$868	\$4,760	\$15,646	\$3,095
<b>Amount Collected</b>	<b>\$0</b>	<b>\$868</b>	<b>\$7,656</b>	<b>\$8,500</b>
*Includes only Attorney General expenditures, Evidence/Witness Fee expenditures, and Investigation expenditures, which are costs that have the potential to be recovered through cost recovery orders.				
**Includes only cases where disciplinary action was taken and the Board was eligible to obtain cost recovery in the final disciplinary order.				

## RESTITUTION PROVIDED TO CONSUMERS

- **Discuss the Board's efforts in obtaining restitution for the individual complainant, and whether they have any formal restitution program and the types of restitution that the Board attempts to collect; e.g., monetary, services, etc. Discuss any changes from last review.**

The SLPAB's primary mandate is public protection, which it seeks through the administrative disciplinary process. While the SLPAB has not engaged in negotiations to seek restitution for complainants in the past, it is something the SLPAB *may* consider in future situations where such negotiations are appropriate and prudent and would not compromise any pending disciplinary action or proposed settlement agreements. Negotiating restitution could become an obstacle in reaching an appropriate resolution where such negotiations could be used as leverage by a respondent to seek a lesser punishment. It would be clearly negligent for the SLPAB to negotiate disciplinary action in cases where the public's health and safety have been compromised in exchange for financial restitution. Furthermore, consumers have other judicial remedies available to pursue restitution such as Small Claims Court and Civil Court.

## COMPLAINT DISCLOSURE POLICY

- **Briefly describe the Board's complaint disclosure policy. At what point in the disciplinary process is information made available to the public concerning the licensee and what type of information is made available? Does the Board have problems obtaining particular types of information? [See Table Below]**

The Public Records Act (Govt. Code § 6250 et seq.) provides that "access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state." This Act also provides that the public has a right to inspect public records unless they are exempted from mandatory disclosure by express provisions of law. Exempted records *may*, but need not be, disclosed [Govt. Code § 6253(b)].

Using these statutory and constitutional principles, the SLPAB adopted regulations in August 2006 governing the disclosure of information pertaining to the professional status of SLPs, audiologists, SLPAs and CPD providers. The following provides an overview of the intent of the new provisions.

### **Section 1399.180 - Statement of Policy.**

This new section expresses the overall goal of the SLPAB to permit maximum information access for consumers and members of the public consistent with controlling statutory and constitutional law. SLPs and audiologists provide vital health care services to members of the public and consumers. Complaints lodged against them invariably have to do with whether they have maintained the appropriate standards of professionalism in their treatment of patients. Therefore, the SLPAB has determined as a matter of public policy that information in complaints it receives has a direct and immediate relationship with the health and welfare not only of the complainant but also of the general community.



## **Section 1399.181 - Status of Licensees.**

This new section defines the categorical status of a license and includes the description of the status “good standing” and delineates actions that may alter this status including practice restriction or limitation as a result of a settlement, judicial or administrative order, or a suspension following a conviction of certain crimes. In addition, if the licensee objects because of non-inclusion in the “good standing” category, the licensee will have the right to challenge this designation at an administrative hearing.

## **Section 1399.182 - Requirements for Information Disclosure.**

This section sets out mandatory disclosures the SLPAB will make in response to a request for information from a member of the public. For certain types of information, appropriate disclaimers will be included. For instance, judgments resulting from professional negligence in any amount will be reported as long as they have not been reversed on appeal. This policy is not only consistent with the Public Records Act, but also the intent of Senator Liz Figueroa, author of SB 1950, and her staff that judgments are to be disclosed unless reversed on appeal. This disclosure information will be accompanied by a disclaimer that states any judgment is subject to appeal and reversal by a higher court. The SLPAB believes this expanded disclosure requirement is consistent with the policy of providing maximum amount of information permissible for purposes of consumer protection.

### **Section 1399.182 (h) - Disclosure of Referrals to the Attorney General.**

Subdivision (h) adds a requirement regarding disclosure of referrals to the Attorney General for purposes of disciplinary action. It would permit the SLPAB to disclose the referral of a matter to the Attorney General for the filing of a disciplinary action against a licensee. In the past, objections have been raised against disclosure of referrals to the Attorney General. They have centered on possible violation of the individual’s privacy and due process rights. The SLPAB believes these objections to be without merit for the following reasons:

#### **1) Privacy**

Information disclosed about a licensed professional normally does not concern his or her private life. Rather, it primarily relates to his or her professional competence and qualifications as a licensee of the State. Such information should not be shielded from public scrutiny, particularly on the ground that it impacts the individual’s right to privacy.

#### **2) Procedural Due Process**

Disclosure of a referral to the Attorney General’s office could affect the reputation interest of the licensed professional. It would not, however, directly impact his or her property interest. Nor would it constitute action by the State that would foreclose the ability of the individual to practice his or her profession. That could only occur after a license revocation following an administrative or judicial hearing.

Both federal and state case authority supports the SLPAB’s determination that, even if disclosure of a referral adversely impacted the reputation of a licensee, this would not constitute a violation of his or her due process rights. In addition, to minimize these risks in the first instance, a disclaimer will be required to accompany such disclosures. It notes that the matter has only been referred following a

completed investigation, and that the licensee will have the right to defend himself or herself against any charges at a hearing before an independent administrative law judge. Finally, if a hearing is conducted, the SLPAB has the ultimate burden of establishing the truth of these charges before any disciplinary action can be taken.

#### **Section 1399.183 - Disclosure of Complaints.**

Consistent with the SLPAB's overall policy of maximizing disclosure to the public, this Section requires release of information concerning past or pending complaints against a licensee. Again, only complaints that have resulted in a referral to the Attorney General or a formal legal action will be disclosed. Complaints found to be without merit or that result in no legal action being taken following a referral will be dropped from the SLPAB's disclosure system. A disclaimer will accompany disclosure of complaints that have resulted in a referral to the Office of the Attorney General. *Likewise, status and final disposition of complaints resulting in criminal prosecution will be disclosed to the public.*

To protect the privacy rights of the complainant, information that would identify or lead to his or her identification will not be disclosed. *In addition, disclosure will not be made if it would compromise an investigation or could endanger the complainant or any third party.*

#### **Section 1399.184 - Disclosure of Complaint Information to Licensee who is the Subject of the Complaint.**

Under the Information Practices Act, a licensee clearly has the right to examine information pertaining to himself or herself contained in a complaint. However, unless the complaint is the subject of an administrative action, the SLPAB would be violating the privacy rights of the complainant were it to disclose that person's identity. Consequently, for any complaints not connected with an administrative action, the SLPAB will summarize its contents and not reveal the identity of the complainant.

#### **Section 1399.185 - Disclosure of Citations.**

The issuance of a citation, the amount of any fine assessed, and the underlying violation are official acts of the SLPAB and therefore subject to mandatory disclosure. In the event the person being cited requests an informal conference to attempt to resolve the matter, the SLPAB will not disclose the existence of the citation until after it determines to proceed with the citation following the conclusion of the conference.

#### **Section 1399.186 - Disclosure of Civil Settlements.**

Business and Professions Code Section 803.1 as modified by SB 1950 places restrictions on the type of information that can be disclosed with respect to settlement of civil cases involving professional malpractice of physicians and surgeons and doctors of podiatric and osteopathic medicine. This new law, however, does not apply to the SLPAB. Moreover, the SLPAB finds these restrictions to be contrary to the basic policy of maximizing disclosure to the public and the philosophy underlying the Public Records Act. Consequently, the SLPAB declined to adopt similar restrictions in its regulations concerning disclosure of settlement information.

The SLPAB proposes to make a straightforward disclosure including the amount of the settlement, the identity of the case, civil action and parties involved. In addition, the SLPAB has developed a disclaimer utilizing a portion of the language found in SB 1950.

### **Section 1399.187 - Disclosure of Information on SLPAB's Website.**

This regulation would contain basic information describing the status and qualifications of each licensed SLP, audiologist, SLPA, and CPD provider, including whether the licensee is in "good standing."

TYPE OF INFORMATION PROVIDED	YES	NO
Complaint Filed		X
Citation	X	
Fine	X	
Letter of Reprimand	X	
Pending Investigation		X
Investigation Completed		X
Arbitration Decision	X	
Referred to AG: Pre-Accusation	X	
Referred to AG: Post-Accusation	X	
Settlement Decision	X	
Disciplinary Action Taken	X	
Civil Judgment	X	
Malpractice Decision	X	
Criminal Violation: Felony	X	X
Misdemeanor		

## **CONSUMER OUTREACH, EDUCATION AND USE OF THE INTERNET**

- **Discuss methods that are used by the Board to provide consumer outreach and education.**

### Reaching a culturally diverse population

The SLPAB is sensitive to the changing ethnic demographics within the state as they relate to the consumer need and protection with regard to speech-language pathology and audiology services. It is clear that all Californians must have access to knowledge of services as well as direct care. It would be inconsistent with the state licensing practice if there were linguistic, cultural, geographical, physical, or educational barriers that limit an individual's ability to have knowledge of, or obtain, SLP or audiological services. This would create an unacceptable, substandard level of care for those with the fewest resources. Inadequate access to services can have a significantly adverse impact and place an unnecessary burden on these individuals. In some cases, it can lead to greater disability or further compromise of the individual's condition. The SLPAB has adopted practices to address multi-cultural

needs, including the following: 1) interpreting services for the SLPAB, 2) participation in consumer outreach activities, and 3) public forums to hear comment on pertinent issues. The SLPAB will continue to develop strategies and activities that will further these endeavors, including the recruitment of a greater number of cultural minorities and bilingual SLPs and audiologists into the profession to ensure quality care and access. The implementation of the laws and regulations pertaining to SLPAs is a positive step toward addressing this issue, since individuals from minority communities may lack the financial resources needed to pursue a higher degree. The possibility of an associate-level degree provides the opportunity for those with monetary limitations to more readily earn a living while continuing part-time education toward an advanced degree in the field, as well as improving patient access to licensed services.

These issues speak to the importance of the training of SLPs and audiologists in preparing them to deal with a diverse population in order to provide effective and culturally sensitive services to our ever-growing multicultural population.

- **Discuss whether the Board offers online information to consumers about the activities of the Board, where and how to file complaints, and information about licensees, or believes it is feasible/appropriate to do so.**

The SLPAB has implemented a website that provides relevant information in a number of program areas including the following: laws and regulations, licensing applications and forms, consumer complaint forms (both English and Spanish) and process information, license verification, live scan fingerprint resources, enforcement information, CPD guidelines and provider application forms, emerging practice information and related resources, consumer outreach, meeting calendars, and meeting minutes. The SLPAB website and its links have been effective in providing general HIPAA information and will continue to do so. Practitioners in private practice and hospitals will benefit from having easily accessible information on these relatively recent requirements so that they may maintain their compliance record with all laws and regulations pertinent to their practices.

Monitoring and responding to the ever-changing environment of health-related services requires the SLPAB to research and report on emerging diagnostic tools and therapeutic techniques for various established and/or newly identified communication disorders. The SLPAB website is a cost-effective educational forum where reports of new practice issues or regulation changes can be posted and readily updated to capture the most current information. Recently, the SLPAB posted pertinent information and related references regarding Auditory Processing Disorder (a somewhat controversial diagnosis that is receiving increased attention, especially in the public schools). Other interesting practice issues posted on the SLPAB's website are as follows:

- Legal Guidance on Speech-Language Pathologists Using Electrical Stimulation to Treat Swallowing Disorders
- **SUPPORT PERSONNEL AND SUPERVISION REQUIREMENTS**  
The Speech-Language Pathologists and Audiologists Practice Act (Practice Act) defines the appropriate duties and supervision requirements for support personnel in the practices of speech-language pathology and audiology. Two issues have recently surfaced before the SLPAB relating to qualified personnel acting under the supervision of licensed SLPs and audiologists. The issues required further analysis and legal clarification of the applicable provisions:
  - Vestibular Function Studies Conducted by Industry Technicians
  - Speech-Language Pathologists Supervising Occupational Therapists
- Consumer Resource Information for Identifying Qualified Personnel to Serve Children with Speech and Language Issue

Another very positive effect of the website to date is that clinical supervisors have been able to utilize the on-line licensing verification to assist in their operational tracking. A review of the content, necessary modifications of information and expanding consumer information are all monitored on an ongoing basis. Information on the SLPAB website, including pertinent links, allows accessibility to current data for both practitioners and consumers.

Access to the internet is allowing patients/consumers to be better informed about their communication impairments, treatment options, and choices in providers. It is common that patients/consumers arrive at appointments with the SLP or audiologist armed with printed material from the internet regarding their diagnosis, their choice in hearing aids, or other aspects of their care.

- **Discuss whether the Board conducts online business with consumer/licensees, or believes it is feasible/appropriate to do so. Discuss whether the Board offers online license information and applications (initial and renewal licenses, address changes, etc.), or believes it is feasible/appropriate to do so.**

Other than providing access to all application, complaint, and renewal forms that must be downloaded for private use by an applicant, licensee, or consumer, the SLPAB currently does not have the ability to conduct on-line application, renewal or document processing. However, the SLPAB is scheduled to be added to the DCA I-Licensing Project, which is currently undergoing approval by the Administration to consider approving the necessary project funding. I-Licensing will enable the SLPAB along with several other agencies under the DCA to conduct on-line business with its licensees and consumers, including the ability to accept credit card payments for application, licensing and/or renewal fees. Provided the request for funding for the new feature is approved by the Legislature and the Governor, the SLPAB is scheduled to have access to the I-Licensing program as soon as Fiscal Year 2007/2008.

- **Discuss whether the Board offers online testing/examination services for both initial and renewal licenses, or believes it is feasible/appropriate to do so.**

The SLPAB does not administer a state licensing examination for speech-language pathology or audiology and, therefore, does not offer online examination services. The national examinations for speech-language pathology and audiology required for license eligibility are offered in a paper/pencil format only.

- **What streamlining of administrative functions would be necessary if the above services and information was provided via the Internet?**

The SLPAB is eager to take advantage of the I-Licensing capabilities and is prepared to fund the initial programming costs of \$20,000 and the on-going maintenance costs of approximately \$13,000 annually. Other than earmarking the necessary funding, the SLPAB recognizes that some initial program modifications and data transfers will be required and have been identified and scheduled by the DCA's Office of Information Services Division.

- **Please describe if there are other ways use of the Internet by the Board could improve services to consumers/licensees.**

The Internet can be a valuable tool in communicating with consumers and licensees. Consumer advocacy, professional ideas, new policies, and regulatory changes can be quickly disseminated in a timely and cost effective format. Additionally, instant access to disciplinary documents and the ability to register complaints on-line could greatly increase consumer access to information.

- **Discuss what types of practices are increasingly occurring outside California’s traditional “marketplaces” that fall under the jurisdiction of your Board.**

Distance learning is changing the way individuals access educational opportunities. Audiologists have been awarded degrees from accredited post-secondary institutions that offer doctoral (AuD) degrees in a completely on-line format. Online classes are not the answer to all possible experiences in learning and teaching, but are a powerful option to current and future professionals and instructors. On-line classes enable the professional to study without the structure of a particular program and without having to travel.

- **Discuss what type of challenges the Board faces with respect to online advice “practice without presence,” privacy, targeted marketing, and other issues. Discuss whether the Board has any plans to regulate Internet business practices or believes there is a need to do so.**

Telepractice is a growing trend in clinical service delivery. Telehealth involves sharing health information and providing healthcare services using interactive video, audio, computer, and advanced telecommunications technology. It offers an additional tool to increase accessibility, efficiency, and cost-effectiveness in service delivery, particularly impacting consumers with reduced mobility and those who live in remote areas in which specialist services are not available. Professional organizations are working on developing strategic plans to advance the use of telepractice, and to develop recommendations for technical reports, position statements, and guidelines, including the use of technology to reduce barriers to services, to enhance provider productivity, and to create added value while reducing costs for service delivery.

#### Legal and Professional Issues Resulting from Internet Use and Telepractice

The expanding use of the Internet and telehealth raises legal and professional issues, including privacy, security, confidentiality, informed consent, liability, standard of care, and regulatory issues. The SLPAB, like other boards, enforces the licensing laws and regulations of this State to any situation wherein a resident of this state is provided speech-language pathology and audiology services whether the services are provided in the “traditional” delivery system or via electronic means. That is to say, any person providing speech-language pathology or audiology services to California residents must be licensed in accordance with the Practice Act and are subject to all applicable scope of practice provisions. To date, the SLPAB has not had to exercise its enforcement authority to respond to unlicensed telepractice incidents.

**PART II**  
**SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY BOARD**  
**BOARD'S RESPONSE TO ISSUES IDENTIFIED**  
**AND FORMER RECOMMENDATIONS MADE BY THE**  
**JOINT LEGISLATIVE SUNSET REVIEW COMMITTEE DURING PRIOR**  
**REVIEW IN 1997:**

Include the Following:

- ➔ **Some background information concerning the issue as it pertains to the Board.**
- ➔ **Short discussion of recommendation if made by the Joint Committee during its last review of the Board.**
- ➔ **What action the Board took pursuant to the recommendation or findings made by the Joint Committee.**
- ➔ **Any recommendation(s) the Board would have for still dealing with the issue.**
- ➔ **(If new issue not previously addressed by Joint Committee) Short discussion of issue, recommendation or action which could be taken by the Board, Joint Committee, Department of Consumer Affairs, or Legislature to deal with the issue.**

**ISSUE #1 Should the state continue the licensing of SLPs?**

**Recommendation: Both the Department and the Committee recommended that the licensing and regulation of speech-language pathologists (SLPs) by the State of California be continued.**

**Board Action:** The SLPAB continues to license and regulate speech-language pathologists.

The primary role of the SLPAB is to provide critical oversight to professions that are essential to the health care of California's citizens, but also have aspects that, if not regulated, could have a severe negative impact on consumer protection. SLPs provide services in a number of professional environments using a variety of techniques that have the potential to cause harm if not performed with skill and training. For example, SLPs work with patients who have difficulty swallowing. The Agency for Health Care Policy and Research reported that approximately 14% of individuals over the age of sixty are affected by dysphagia<sup>2</sup>. A further study estimates that 16,500,000 individuals will require care for dysphagia by the year 2010<sup>3</sup>. Patient aspiration is a common consequence of swallowing dysfunction that must be handled with skilled techniques. SLPs now are allowed to pass both rigid and flexible endoscopes into the nasal and oral cavities of patients with voice and swallowing dysfunction.

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<sup>2</sup>ASHA Website Research. AHCPR: Diagnosis and Treatment of Swallowing Disorders in Acute Care Stroke Patients Evidence Report/Technology Assessment No. 8

<sup>3</sup>Dysphagia Research in the 21<sup>st</sup> Century and Beyond: Proceedings from Dysphagia Experts Meeting, Journal of Rehabilitation Research and Development 2002.

Such evaluations performed either at bedside or using videofluoroscopy can effectively identify the presence of dysphagia and aspiration. The Modified Barium Swallow Study performed in hospitals throughout the state is another example of a highly technical and medically based evaluation procedure to identify swallowing abnormalities, which is performed as a cooperative effort with a speech-language pathologist and radiologist. The complexity of such procedures requires the health care provider to possess a demonstrated level of competence and calls for critical regulatory oversight of the training and practice of those SLPs who perform these procedures.

SLPs working in medical settings are often called on to treat patients who have suffered a traumatic brain injury (TBI) and have impaired communication and/or cognition. The medical and allied health literature indicate that an estimated 1.5 to 2 million individuals each year in the United States sustain a TBI<sup>4</sup>. Licensed SLPs follow TBI patients through the continuum of medical care from the trauma unit through acute rehabilitation programs and community reentry programs. The quality of therapy that patients receive is highly correlated with their ability to return to viable functioning members of society who are not permanently dependent on state and federal aid. If incompetent or poorly trained practitioners are allowed to treat TBI patients, it is probable that these patients would never lead independent and productive lives.

The SLPAB and its office maintain an important cooperative relationship with state professional organizations, such as the California Speech-Language-Hearing Association (CSHA) in which essential information is exchanged regarding current and upcoming professional concerns. Further, SLPAB has a good working relationship with other state departments [e.g., California Department of Education (DOE)] and other regulatory boards [e.g., Occupational Therapy Board (OTB)] in an effort to meet regulatory guidelines. In addition, since the professions of the SLPAB have an independent practitioner status (unlike physical and occupational therapists who function under the orders of physicians), it is essential to retain a monitoring body that ensures the public a forum to address complaints. Lack of licensure can leave the individual clinician in the position of having to adequately interpret scope of practice issues and that, at times, can lead to encroachment/overlap of functions with other disciplines. This can create tensions between professions (e.g., OTB in relationship to swallowing and hand therapy), and confuse third party payers when addressing reimbursement issues. Licensing of professions ensures a greater clarity of professional roles and training, which ultimately protects the consumer and provides a mechanism by which to advance clinical practice in a more systematic and peer-reviewed manner.

In addition, with the recent implementation of the paraprofessional/speech-language pathology assistant (SPLA) category, there will be a growing number of graduates from approved training programs moving into the work place. Therefore, there exists the potential for misuse of duties by administrators due to lack of adequate orientation to the specific assistant duties or as a consequence of operational/financial pressures. It will be important for the SLPAB to carefully monitor the use of SLPAs during this transitional period in order to reinforce the appropriate supervision and utilization through the complaint process, and to provide assistance of professionals and paraprofessionals with regard to regulatory interpretation.

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<sup>4</sup> National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Traumatic Brain Injury, 2003.



## **ISSUE #2 Should the state continue to license audiologists?**

**Recommendation:** Both the Department and the Committee recommended that the licensing and regulation of audiologists by the State of California be continued.

**Board Action:** The SLPAB continues to license and regulate audiologists.

The primary role of SLPAB is to provide critical oversight to professions that are essential to the health care of California's citizens, but also has aspects that, if not regulated, could have a severe, negative impact on consumer protection.

University training programs prepare students to meet the rigorous demands of entry-level practice, which helps to explain the relatively low number of disciplinary actions each year in California, despite the significant risk to consumers by misdiagnosis or injury.

Audiologists serve a wide range of patients, from the newborn to the elderly, healthy to terminally ill. Audiology patient population numbers are increasing exponentially due to the increased aging of the population, as well as the advent of California's newborn hearing screening (NBHS) program. Audiologists evaluate auditory and vestibular (balance) function with a wide variety of behavioral and objective (physiological and electrophysiological) techniques, using instruments requiring application of sound, air pressure, water, electricity, and electroacoustic stimuli to the ears and head, with potential physical risk. Audiologists routinely utilize otoscopic specula for ear-canal examination, cures for removal of ear wax from the ear canal, probe tips for measurements of middle and inner ear functions, probe tubes for measurement of hearing aid benefit, earphones for testing hearing sensitivity, and placement of electrodes/electrode paste for measuring the physiological integrity of the inner ear and auditory nerve and for monitoring auditory neural function during surgical procedures. Other instruments such as earlights and otoblocks are inserted into the ear canal during the injection of silicone impression materials for ear impressions for hearing aids, ear plugs, and swim plugs. Further, assessment of balance function carries some risk in that it requires procedures designed to induce the sensation of motion in the patient that may result in a noxious sensation of vertigo with concomitant nausea and vomiting. All of these procedures carry varying degrees of physical risk, including puncture of the ear canal skin or eardrum, abrasion to post-surgical sites, electrical burn or allergic reaction of the skin to electrodes or electrode paste, electrical shock from ungrounded equipment, or damage to hearing or nerve function.

Also, audiologists provide specialized services that prevent consequences that may result from the lack of treatment to the consumer. The incidence of accidental falls among the elderly is of significant concern. Without appropriate training and a knowledge base of falls and balance (vestibular function), appropriate preventive intervention can be overlooked for this population.

In addition, with the state-mandated California NBHS program, audiologists are the diagnosticians for hearing loss through the use of electrophysiological measurements of the infant's hearing. This unique diagnostic skill must be carefully practiced and applied by audiologists, as the consequences of misdiagnosis are severe (either failing to detect a hearing loss in a baby resulting in failing to treat, or erroneously diagnosing hearing loss and fitting hearing aids to a baby with normal hearing, resulting in potential noise-induced hearing loss from hearing aids).

Continued regulation will be necessary to ensure the safety and efficacy of consumer services by audiologists. Should the SLPAB be sunsetted, the oversight and regulatory efforts to protect the consumers of audiology services would be dissolved. While audiologists are highly trained in the above procedures, these procedures represent a number of clinical risks that could develop into numerous negative realities without a licensing process that is continually developed, evaluated, and implemented by the SLPAB. If there is no licensing board providing regulation and oversight for the ever-changing and ever-expanding field of audiology, consumers may find themselves receiving care from providers who have substandard skills or inadequate treatment knowledge. Untrained providers of audiology services might incorrectly diagnose pathology, leading to inappropriate medical and non-medical management, or allow a medical condition to go untreated. Inappropriate training may also lead to over-referral, which can lead to wasteful, if not potentially hazardous, medical intervention. Physicians rely on the accuracy of information provided by audiologists and need to be able to identify qualified audiologists. Without regulation, consumers will have little recourse in the public domain to file complaints or seek resolution of their complaints. With the HIPAA regulations in place, patient privacy rights may be jeopardized.

California consumers in need of audiology services may receive a significantly reduced standard of care without a board that is able to provide practice standards and guidelines, continuing professional development (CPD) controls, regulatory oversight, and disciplinary action in conjunction with the state's Attorney General's Office.

### **Regulation of the Professions of Speech-Language Pathology and Audiology**

#### **\*Public demand for regulation.**

SLPAB held two forums in 2001-2002 to solicit public and professional opinions regarding the maintenance of the SLPAB. Public testimony from meetings held in October of 2001 and January of 2002 is available upon request. A summary of these opinions unanimously supported the retention of the SLPAB. The sheer number of issues brought to this meeting is testimony to the fact that these professionals are not always clear on their scope of practice when new practices are required, or when the financial needs of school district-required services are beyond training ability. There were a number of issues raised regarding the belief that some regulations are in need of change or update, specifically those regulations pertaining to academic training standards and paraprofessional requirements. The primary message of all comments surrounded the notion that quality of care for consumers would, indeed, suffer without a licensing board to oversee and regulate the professions.

#### **ISSUE #3 Should the state license speech-language pathology assistants (SLPAs) as proposed by AB 205?**

**Recommendation:** Both the Department and the Committee generally recommended that all new licensure programs be required to go through a "sunrise" process, similar to that of sunset review, required under Section 9148 et seq. of the Government Code, and by the rules of the Senate Business and Professions Committee. The proposal for a new license category of "speech-language pathology assistant" had fulfilled this requirement. Therefore, the Joint Committee recommended the licensing of speech-language pathology assistants consistent with the actions of the Legislature.

Board Action: Assembly Bill 205 (Machado), effective January 1, 1999, added Business and Professions Code Sections 2538, 2538.1, 2538.3, 2538.5, and 2538.7, which created the new paraprofessional registration category, speech-language pathology assistants (SLPAs). As support personnel under the supervision of licensed speech-language pathologists, SLPAs were created to assist in alleviating the severe shortage of speech-language pathology services available to meet the demands of the school settings, medical facilities, rehabilitative and long-term care facilities, and private practice.

During 1999-2000, the SLPAB experienced a temporary (6 month) governance shift and became a program under the Department of Consumer Affairs (DCA). This temporary shift delayed the adoption of the implementing regulations defining the registration and supervision requirements of the SLPA, as the DCA preferred that such requirements be reviewed and approved by a professional board. With an operational board up and running in 2001, the proposed regulations were adopted in April 2001 and established educational requirements as well as registration criteria and supervision parameters (Article 12 Sections 1399.170- 1399.170.19 California Code of Regulations).

Since 2001, when the regulations were finalized, acceptance of this paraprofessional level of service delivery has steadily increased each year, especially as SLP shortages have increased. Challenges have included:

- 1) Resistance by professionals who feel that only master's degree level personnel should serve communicatively handicapped individuals;
- 2) Education of employers and practitioners in the appropriate utilization of SLPAs;
- 3) Lack of specific authorization for use of SLPAs in various agency reimbursement and personnel policies (e.g., CMS Medicare, DHS Medi-Cal, DDS Early Start, CDE Special Education, etc.);
- 4) Limited number of community college SLPA programs in Northern California.

As is documented throughout this report, the SLPAB is working with other groups and agencies to address some of these challenges helping to ensure appropriate use of the SLPA in all work settings. Facilitating this process is critical to consumer protection.

***Should the SLPAB continue to register SLP aides in light of the new SLPA category? Should the grandfather provisions for aides to register as assistants continue indefinitely, or be extended?***

Prior to the establishment of the SLPA category, the only support personnel authorized for SLPs were speech-language pathology aides. These aide provisions (B&P Code Section 2530.6 , CCR Title 16 Sections 1399.154- 1399.154.7) continue in both licensing and education laws and regulations and are distinct in terms of the level of responsibility and required training to that of SLPAs. Speech aides are generally perceived as administrative aides or helpers under direct supervision. For this category of paraprofessional, the licensing system requires approval on a case-by-case basis and 100% on site supervision. The Education Codes require that aides function under direct supervision with no more than two speech aides per supervisor. In addition, the provisions state that the use of speech aides cannot increase supervisors' caseloads and must be noticed in the pupil's Individual Education Plan [CCR Title 5 Section 3051.1 (c)].

While having two recognized paraprofessional categories is confusing to the public, retaining the aide registration process will allow the SLPAB to ensure that aides are informed of the distinction in duties and obligations between the two support personnel categories. The SPLAB is also able to maintain data on the ratio of aides to SLPAs in various practice settings.

Under the grandfathering provisions of Senate Bill 50 statutes of 2001, on or before June 1, 2003, any SLP aide who performed tasks and support personnel services similar to the duties of a SLPA for the equivalent of one year of full-time work experience within the past five years was eligible to apply to the SLPAB for registration as a SLPA. There has been adequate time for interested individuals to make the transition to the SLPA.

SLPAB is working with the professional associations, i.e., California Speech-Language Hearing Association (CSHA), California Employee Schools Association, and Association of California School Administrators, in terms of providing information as well as sponsoring education programs helping to assure the appropriate and legal utilization of speech-language pathology paraprofessionals (i.e., Assistants and Aides). This is necessary since there are several reports from public school personnel regarding “over use” of SLPAs in the schools (i.e., assigning SLPAs their own caseloads).

In 2006, SLPAB has targeted the need to work with the California Department of Education to address the ever-changing special education provisions related to paraeducators and identify issues for the alignment of regulations of speech and language paraprofessionals so that each of these registration categories are trained and utilized appropriately. Legislation may be required to clarify reimbursement systems and agency regulations as to the utilization of SLPAs. Ultimately, it is the goal of the SLPAB to move toward one training standard and a defined scope of responsibility for all support personnel that provides the necessary educational/theoretical foundation to enhance consumer protection.

#### **ISSUE #4 Should the scope of practice for audiologists be expanded to include the practice of dispensing hearing aids?**

**Recommendation:** Both the DCA and the Joint Committee recommended that all proposals to further expand the scope of audiologists should be evaluated on a case-by-case basis and subjected to the requirement of “sunrise” review. The DCA and Committee further recommended that both SLPAB and the Hearing Aid Dispensers Examining Committee (or a merged board of the two) evaluate whether there are any health and safety risks posed by allowing audiologists to also sell hearing aids.

**Board Response:** The SLPAB supports the notion of expanding the scope of practice for audiologists to include the practice of dispensing hearing aids. Therefore, the SLPAB also is in support of the elimination of dual licensure for audiologists (audiology license and hearing aid dispensing license).

Hearing aids are an integral part of the practice of audiology; indeed, some audiologists’ practices consist almost entirely of hearing aid dispensing. For almost 30 years, the scope of educational training for audiologists has included the selection, fitting, and dispensing of hearing aids. It is a major component of all audiology training programs. This is testimony to the fact that hearing aid selection and fitting is an integral part of training in audiology. In addition, the application of appropriate amplification is an important aspect of most other audiology courses from pediatrics to aural rehabilitation in which patients are provided with therapeutic techniques for overcoming the handicapping conditions related to hearing loss. Included in the SLPAB licensing law is the fact that audiologists are trained to select appropriate amplification and evaluate patient performance with that amplification. The Speech-Language Pathologists and Audiologists Licensure Act of 2003 states: “The practice of audiology means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, instruction related to auditory, vestibular, and

related functions and the modification of communication disorders involving speech, language, auditory behavior or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and procedures including, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training and speech reading.”

Further evidence for the support of California’s audiology training program model can be found in the Model Curriculum for AuD programs (American Academy of Audiology) and Guidelines for Graduate Education in Amplification published by the accrediting agency for all audiology training programs in the United States (ASHA, 1999). This document states: “...the guidelines are designed to help training programs afford students adequate opportunity to acquire the knowledge and skills necessary for the provision of audiologic services in amplification as delineated in the Standards for Certification, Scope of Practice, and Preferred Practice Patterns for Audiology.” The Preferred Practice Patterns for the Profession of Audiology (ASHA, 1997, Section 19.0 Hearing Aid Fitting), states: “Audiologists are to perform .....procedures to determine the appropriateness and design of individual amplification systems. Hearing aid fitting is one component of a total culturally-appropriate audiologic plan.” The Guidelines for Audiology Service Provision in and for Schools (ASHA, 2002) states: “Audiology includes: (vi) determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.” Further, state law and California Children Services require that all hearing aid fitting and benefit verification for children be performed by an audiologist, and the U.S. Food & Drug Administration (§801.420) states that “In addition to seeing a physician for medical evaluation, a child with hearing loss should be directed to an audiologist for evaluation and rehabilitation since hearing loss may cause problems in language development and the educational and social growth of a child. An audiologist is qualified by training and expertise to assist in the evaluation and rehabilitation of a child with a hearing loss<sup>5</sup>.”

Audiologists working in the federal Veteran’s Administration settings (which are exempt from licensure requirements) are not required to hold a hearing aid dispensers license to provide hearing aid services and dispense hearing instrumentation. If passing the practical examination required to obtain a hearing aid dispensing license in California were truly a measure of skill and competency for the licensed audiologist, then federal settings and other state laws would continue to embrace the need for the separate governance. However, based on the statistics included in this report and existing federal policies, it does not appear that holding two licenses is a matter of demonstrated skill or consumer protection.

Statistics compiled by the SLPAB show that 52% of licensed audiologists also hold a hearing aid dispensing license (SLPAB, 2006). Similarly, roughly 49% of licensed hearing aid dispensers also hold an audiology license. It should be noted that audiologists are the only professionals under the DCA who are required to hold two separate licenses to practice their profession. This is a consumer protection issue in that the consumer may be confused as to which licensing board a complaint should be registered when the activity involves assessment for, or the fitting of, hearing aids.

Many other states allow for hearing aid dispensing under the audiology license. Recent statistics show that:

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<sup>5</sup> DHEW, FDA, §801.420 Hearing aid devices; professional and patient labeling.

- Thirty (30) states permit hearing aid dispensing with the audiology license. Connecticut and Texas enforce special conditions for audiologists to dispense hearing aids with the audiology license and New Mexico requires that audiologists obtain a separate endorsement to dispense hearing aids.
- Twenty (20) states have no exemptions for audiologists to dispense hearing aids under their audiology license.

The training and education of audiologists already includes hearing aids, and to a significantly greater extent than that required of hearing aid dispensers. In the past, dispensers have argued that audiologists might not receive dispensing training at the university level; however, this argument does not hold up when failure rates on the dispensing exam are considered, with significantly higher failure rates for non-audiologist dispensers.

Considerable confusion exists in the minds of consumers regarding the differentiation of audiologists versus hearing aid dispensers. Consumers may infer that audiologists and dispensers are separate but equal providers since both are licensed. It is believed that the consumer is confused by the existence of two licensing entities, resulting in reluctance to access the SLPAB information or file complaints. Because there is such an overlap in the licensed population, with approximately half of all audiologists holding hearing aid dispensing licenses, and approximately half of all hearing aid dispensing licensees being licensed audiologists, there is an unnecessary expense to the state and to the licensee in establishing and maintaining dual licensure.

#### **ISSUE #5 Should the AuD degree, granted by an accredited institution, qualify an audiologist for licensure?**

**Recommendation:** The DCA did not address this issue. The Joint Committee recommended that the SLPAB should evaluate this proposal and report their recommendations to the Legislature.

**Board Recommendation:** The AuD should become the new entry-level requirement for audiologists who graduate from a professional training program after January 1, 2007.

The profession of audiology has moved to require a clinical doctoral degree as the entry-level degree for practice. This is due to the significant increase in required clinical information provided by audiology training programs over the last several years. The AuD doctoral programs significantly exceed the academic and training experiences provided by the master's programs, and provide at least four years of training and education after completion of baccalaureate work. It has become quite clear to the SLPAB that a regulatory change is now necessary to embrace the movement of the profession of audiology to the clinical doctorate.

The American Board of Audiology (ABA) has a cut-off date of 2007. In addition, the American Speech-Language-Hearing Association (ASHA) has mandated that in 2007 new certification standards will be implemented for audiology training that will require all audiologists to earn a clinical doctoral degree instead of a master's degree by 2012. The need for the transition from master's to a doctoral profession is based on the tremendous growth in the audiology scope of practice over the last several decades. The audiologist of the 21st century must be knowledgeable in more aspects of medical, ethical, counseling, rehabilitation, hearing aids, cochlear implants, vestibular assessment, and health

care policy than at any time in the history of Audiology. The model of the clinical doctorate in audiology (AuD) bears many similarities to the doctoral level degree and scope of practice of that of physicians, dentists, optometrists, and veterinarians, since the goal of these fields is to prepare highly skilled practitioners. This change in terminal degree may have an impact on a number of the current licensing regulations, aspects of billing for services, and the development of audiology assistant positions.

Because the current law stipulates that at least a master's degree or equivalent is required for licensure of an audiologist, and because the master's degree training program no longer exists in California, there is an emerging need to change the licensing law with respect to the academic qualifications necessary for entry-level licensure. Nationwide, while many audiologists currently in practice have only a master's degree, there will be only doctoral-level audiologists graduating from training programs from this point on. The existing regulations relative to defining board-approved educational institutions have been amended to include accreditation standards for the new AuD training programs. Another significant factor driving the academic transition to doctoral education in audiology is the eventual termination in master's degree training program accreditation by the one existing accrediting organization for audiology education: the Council of Academic Accreditation (CAA), a subsidiary of the American Speech-Language-Hearing Association (ASHA). As of December 31, 2006, the CAA will no longer accredit master's level training programs in audiology. Over the past two years, all of the master's level training programs in the state have discontinued enrolling new students. Currently, one audiology training program, which has been in operation as a joint AuD program between San Diego State University and the University of California, San Diego since 2003, continues to enroll approximately seven to ten students per semester. The two higher education systems, the University of California and the California State University, have directed the development of two new AuD programs (UCSF/SFSU and UCLA/CSUN) with anticipated student matriculation in September, 2007. Until new programs are in operation and are able to enroll students to full capacity, the state will not be training an adequate number of new audiologists to meet the existing service delivery demands. It may be necessary for employers, and possibly the state, to recruit a greater number of audiologists from other states by offering attractive relocation bonuses and higher salaries.

It should be noted that there are many other health and allied health fields that require a doctorate as the terminal degree for those professions. These include dentistry, medicine, optometry, veterinary medicine, and pharmacy.

***Proposed Amendments to Business and Professions Code Section 2532.2 are as follows:***

*To be eligible for licensure by the board as a speech-language pathologist or audiologist, the applicant shall possess all of the following qualifications:*

*(a) Possess at least a master's degree in speech-language pathology or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.*

*(b) On or after January 1, 2008, an applicant seeking licensure as an audiologist shall possess a doctorate in audiology (AuD) earned from an educational institution approved by the board. The board may in its discretion accept qualifications it deems to be equivalent to an AuD. It shall not, however, accept as equivalent qualifications graduation from a master's program that was enrolled in by the applicant after January 1, 2008.*

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**ISSUE #6 Should the SLPs and audiologists be required to complete continuing education as a condition of license renewal, as recommended by the Board?**

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**Recommendation:** The DCA concurred with the Joint Committee, that the SLPAB needs to clearly document the harm that consumers encounter without a mandatory continuing education requirement for licensees. The DCA does not believe that additional conditions for licensure should be adopted absent clear justification.

**Board Action:** *See Discussion Under Part I “Continuing Education/Competency Requirements.”*

Forty states now maintain CPD requirements. CPD has and will continue to be critically important in learning new and appropriate strategies for providing services to individuals with speech, language, and hearing disorders. Methodologies must also be developed for providing services to California’s ever-growing aging and culturally diverse populations. CPD is necessary for keeping abreast of technological advances in these fields and growth in the scopes of practice.

It is the standard of most professions to require continuing education hours. Although completion of CPD hours does not ensure competency or enhancement of skills, it does guarantee a minimum level of exposure to educational activities relating directly to the profession and, from that, an opportunity to advance if the practitioner exercises reasonable motivation and judgment regarding the selection of courses. Of great importance, too, is the probable perception of most consumers that CPD keeps professionals current in their practice, and thus adds to their overall confidence in the services of the professions.

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**ISSUE #7 Should an electronic tracking system be implemented, as recommended by the Board, to obtain timely, accurate and complete licensing and enforcement data?**

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**Recommendation:** The DCA did not address this issue. The Joint Committee concurred with the recommendation of the Board to implement an electronic tracking system, as long as the Board complies with all mandated requirements to implement a new technology project.

**Board Action:** The SLPAB continues to work closely with the DCA’s Office of Information Services on necessary enhancements to the existing databases [the Consumer Affairs System (CAS) and the Applicant Tracking System (ATS)]. Along with the other client agencies of the DCA, the SLPAB serves as an active participant in the DCA’s on-going search for a sophisticated and integrated licensing and enforcement database. In planning for the future implementation of a new customized tracking system, the SLPAB closely monitors its fiscal resources ensuring that adequate funding is available for new technology systems.

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**ISSUE #8 Should the SLPAB further improve its internal procedures in order to shorten the time frame for processing licensing applications and issuing licenses?**

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**Recommendation:** The Joint Committee recommended that the SLPAB should report to the Joint Committee by June 1, 1998, on whether it has established time lines for processing licensing applications and issuing licenses to qualified applicants. The SLPAB should also report on its procedure for processing incomplete applications.



Board Action: It is unclear whether such a report was ever produced and submitted to the Committee. However, since 2001, after the recreation of the SLPAB, staff has made tremendous progress in streamlining application processes. The established time lines for reviewing applications and supporting documentation is three weeks during most of the year, with a four week processing time line during peak application months (December/January and again in May/June) corresponding with standard university graduation calendars. In addition, the SLPAB has recently implemented the automated applicant tracking system (ATS) supported by the DCA. The new database will result in greater efficiency and record-tracking of all application documents received in the SLPAB office. In addition, the SLPAB is continuing to work with the DCA to gain access to on-line application and renewal processing capabilities wherein the SLPAB can conduct business with individuals electronically.

**ISSUE #9 Should B & P 2535.3 and 2535.4 be amended to require the payment of "all accrued and unpaid renewal fees" in order to renew an expired license?**

Recommendation: Both the DCA and the Joint Committee recommended that Sections 2535.3 and 2535.4 be amended to require payment of all accrued and unpaid renewal fees in addition to the delinquency fee when an expired license is renewed.

Board Action: The SLPAB worked with the DCA and amended Business and Professions Code Section 2535.2 (SB 349, Stats 2001) to require that licensees are responsible for all accrued and unpaid renewal and delinquency fees upon renewing an expired license.

**ISSUE #10 Should SLPAB be continued as an independent Board, merged with another similar licensing board or should its functions and operations be assumed by the Department?**

Recommendation: The DCA recommended merging the Speech-Language Pathology and Audiology Board with the Hearing Aid Dispensers Examining Committee (HADEC). Any legislation enacted to continue a merged Board should require a subsequent sunset review within four years.

*Vote: The Joint Committee did not adopt the recommendation of the Department and Committee staff by a vote of 1-4.*

Board Response: The SLPAB is in favor of maintaining the present configuration of governance; however, it is aware of potential fiscal considerations that may initiate merger discussions as well as the proposal to eliminate dual licensure for audiologists who also dispense hearing aids as discussed under Issue #4.

The SLPAB is cognizant of the potential advantages to operating a merged entity as there is an opportunity to educate the public, and consumers are less confused as to where to file complaints or ask questions. In addition, without audiologists, the number of dispensers to support the dispensing program is small (of grave concern to non-audiologist dispensers); however, with a merger of the three professions under one board (and perhaps 3 sub-committees), resources may be conserved and the public better served.

At least ten states have merged agencies or boards with oversight of both audiology and hearing aid dispensing: AZ & CO (No SLPs), DE, ID, MD, NH, NM, SD, WA, & WI.

**Public comment:**

Public testimony has urged the SLPAB to consider incorporating the dispensing of hearing aids under the audiology license. It was suggested that since audiologists are trained in both hearing diagnostics and hearing aid fitting as part of the same graduate educational program, serious consideration should be given to consolidating the SLPAB and the HADB under one umbrella board to act on issues of universal concern to the three professions. It was further suggested that there then be three sub-committees created under the consolidated board to address issues pertinent to the individual professions. It was felt that consumer needs would be better served if their concerns can be brought to one board or committee. It was pointed out that audiology is the only profession that requires two licenses to practice, and that all aspects of hearing aid dispensing except for executing the sales contract are permitted under the audiology license.

**Potential advantages of merger:**

- Increased consumer protection through seamless regulation and jurisdiction over the entire diagnostic and rehabilitative procedure for consumers with impaired hearing.
- Opportunity to better educate and enhance knowledge of the general public.
- Improve government efficiency, with cost savings in the administrative oversight of the two professions.
- Improve customer service (many consumers are confused as to where to file complaints or obtain services).
- Could eliminate dual licensure for audiologists.
- Complaints involving dually licensed practitioners can be processed uniformly by one oversight agency that is knowledgeable about the laws and regulations governing both practices and that can enforce the practice provisions consistently.

**Potential disadvantages of merger include:**

- Little overlap in the responsibilities of the SLPAB and Bureau (dispensers don't have the background training to be part of the same board as SLPs and audiologists). However, SLPs and audiologists do not have the same training, and the same board issues licenses for both.
- Mixing of regulations to govern professional and nonprofessional practices (the SLPAB and Bureau are not comparable in terms of representing professionals with equal qualifications).
- The higher cost of regulating dispensers (from higher numbers of complaints) would be passed on to the SLPs and audiologists, and fees could increase.
- Complexity in determining board composition and how to coordinate service.

Should the need for such merger discussions arise, the SLPAB is fully prepared to work with all pertinent agencies to establish a practical governance structure that best serves the needs of the licensees and the consumers of the state.

**ISSUE #11 If the SLPAB is merged with the HADB, then should the combined Board have a public member majority?**

**Recommendation:** The DCA recommended a public member majority for the combined board. Committee staff had recommended a 13 member board with 2 licensed audiologists, 2 hearing aid dispensers, 2 speech-language pathologists, and 7 public members.

*Vote: Since the Joint Committee did not adopt the recommendation of the Department to merge the Speech-Language Pathology and Audiology Board with the Hearing Aid Dispenser Examining Committee, this recommendation was not voted on.*

**Board Response:** The concept of public members is very important and can be very beneficial; however, it has been difficult to engage our current SLPAB's public members in activities. Given the relatively esoteric nature of the SLPAB's professions, this is understandable. It may be more difficult to find individuals who have experiences with our services. This is compounded by the fact that the SLPAB is composed of two distinct professions. As a general rule, consumer protection is best served when consumers have a balanced representation on the boards, and consumers are generally represented by a board's public members. However, a merger of the SLPAB and HADB would involve regulating three different professions, necessitating a professional member majority to properly represent and provide technical expertise for each profession. If not cost-prohibitive, public members could be added to the SLPAB, but professional members should not be decreased. It is important, however, to consider the need for a quorum at board meetings. If the SLPAB membership is too large, the likelihood of establishing a quorum might be compromised such that the members present could not act on the issues before the SLPAB. As discussed previously, a board with sub-boards might be one way of achieving balance in both professional and public representation. Perhaps a greater amount of public member input should be encouraged while the SLPAB actively attempts to educate its public members in a number of factors most important to the professions.

## **NEW ISSUES RAISED BY THE BOARD**

***Issue #1 Should the SLPAB Develop Pediatric Audiology Standards? If so, should a new "Certificate of Advance Qualifications" be established?***

With the advent of California's Newborn Hearing Screening Program (CNHS), there is a substantial need to define the required qualifications for the subspecialty of Pediatric Audiology. This is a consumer protection issue and not merely a professional-practices issue, because parents are uncertain as to which audiologists have the knowledge and skills to evaluate their infants who fail newborn screening. The Joint Audiology Committee Clinical Practice Statements and Algorithms (1999) have provided important guidelines that can be adopted by the SLPAB as a starting point in the development of its own scope of practice standards. California Children Services (CCS) has provided additional standards for pediatric audiologists based upon their facility type, experience of the audiologists, and the personnel and equipment available at that site. This is done to ensure appropriate audiological evaluations and hearing aid management (CCS Program Standards, 2002). Specialty certification may be an eventual outcome for this area of audiology. The Department of Health Services, along with audiology graduate programs, will be working toward a pediatric audiologist training model within the

next one to two years in order to meet this demand. The SLPAB is keenly aware of the need for this training since, once infants are identified as hearing impaired, it is essential that they receive the fastest, most appropriate, and most comprehensive intervention possible. In order for these infants to achieve the most normal articulation and language development possible, habilitative measure must be taken quickly. It is probable that the American Board of Audiology will begin to award specialty certification in Pediatric Audiology in the future, based on experience and a yet-to-be written specialty exam.

It is vital that the SPLAB examine this issue further, and pursue any needed collaboration with other state agencies and national organizations to meet the needed goal.

***Issue #2 Do the existing licensure requirements for speech-language pathologists and audiologists in the state best serve the needs of California consumers? Should the Board amend its licensing requirements for SLPs and/or audiologists in response to national certification changes (ASHA/ABA certification standards)?***

The new ASHA standards are mandated for speech-language pathology training by 2005, and for audiology training by 2007. These standards will change and increase the number of course requirements, as well as the number of practicum hours required for ASHA certification. One of the goals of these standards is for each program to develop "Formative Assessments Plans" to assure that students achieve the prescribed outcomes in each area of the profession and are in compliance with the accreditation standards. Communicative Disorders Programs throughout the California State University system have been charged with developing Knowledge and Skills Acquisition (KASA) Summary Forms for Certification in SLP and Audiology. Model KASA forms for SLPs are being submitted along with annual ASHA reports for each program as of 2004. The KASA form for audiology will be required in 2007 when those standards change. It will be the charge of the SLPAB in the coming years to determine if these professional training standards have a direct bearing on the licensing regulations as they currently stand.

***Issue #3 Should the licensing regulations continue to support exempt practice settings? Should one licensing system exist for SLPs and audiologists thereby establishing consistent standards in all settings? Does this heighten consumer protection?***

Exempt settings should be eliminated. In order to protect consumers of speech-language and hearing services, a licensing system that oversees the providers of this care should impose the same standards for all settings and practitioners. Of the forty-seven (47) states that regulate the practice of speech-language pathology and the fifty (50) states that regulate the practice of audiology, twelve (12) have embraced uniform regulation. Those states are: CT, DE, HI, KS, IN, LA, MA, MT, NM, OH, TX and VT. It is difficult to reconcile the notion that certain standards and assurances are applied to select professionals in specific environments, while others are asked to meet a set of different standards that may not be of the same rigor.

California has two governance systems for SLPs as well as audiologists with:

- (1) the Department of Consumer Affairs' Speech-Language Pathology and Audiology Board, and
- (2) the California Commission on Teacher Credentialing Service (CCTC) credentials.

The discussion below refers to SLPs but the same basic arguments apply to California audiologists.

SLPs in California graduate from the same university training programs accredited by the Council of Academic Accreditation (CAA) of the American Speech-Language-Hearing Association (ASHA). These SLP graduates are all trained to provide speech-language pathology care to children and adults in all settings.

The profession does not make a distinction between educational speech-language pathology and medical speech-language pathology. All California training programs whether state universities or private universities are accredited by and adhere to the CAA accreditation training program standards (*updated as of Jan. 1, 2005*). These CAA standards require prospective SLPs to demonstrate competencies in a minimum of nine areas (*articulation, fluency, voice/resonance, receptive/expressive language, hearing, swallowing, cognition, social communication, augmentative communication*). CAA standards also require that university programs document that students gain experience across the age span including children and diverse populations.

California licensed SLPs are authorized to practice in any setting including public schools (*CA Education Code 44831; AB 466 of 1999*). Licensed SLPs serve children in various settings including Early Start infant/toddler programs in schools or Regional Centers, through contracts with both public schools and California certified Non-Public Schools or Non-Public Agencies, private practices, Children's Hospitals, etc. Many SLPs employed by public schools obtain both a SLPAB license and a CCTC service credential to satisfy those public schools who have traditionally utilized CCTC credentials and to qualify for teacher salaries and the permanent status contract provisions. While holding both authorizations is not mandatory, the existing system encourages new graduates to pay for and undergo two complex application processes, two distinct sets of renewal standards and fees, and adherence to two separating controlling practice laws and regulations. Clearly, operating under two systems creates confusion for the affected professionals. Moreover, the consumers of speech-language and hearing services are unable to discern whether the separate authorizations denote a difference in training or professional acumen, which they do not.

Alignment of differences between national Medicaid personnel standards and the California license with CCTC credentialing is currently under discussion and may be resolved by the time this report is submitted [Appendix G -*proposed 2006 urgency legislation AB 2837 (Baca)*, Appendix H- *California Attorney General Opinion # 06-104, dated April 24, 2006*]. Proposed alignment would require CCTC to add the written national examination in speech-language pathology and audiology and a first year of supervised professional experience that is required under the California SLP license provisions.

The Legislative Analyst Office report of April 27, 2006 on "Modernizing the Functions of the Commission on Teacher Credentialing" raises the issues of reform and simplification in credentialing. Simplifying and utilizing the license for SLPs as well as audiologists in all settings would be in concert with the LAO recommendations.

California has adopted a uniform standard for all settings including public schools with the regulation of the registered SLPA category [*CA Education Code 56363 (b) (1) The language and speech development and remediation services may be provided by a speech-language pathology assistant as defined in subdivision (f) of Section 2530.2 of the Business and Professions Code*]. It is somewhat anomalous that registered paraprofessionals, that is the SLPAs, who work under the supervision of independent practitioners, are subject to a uniform licensing standard, but their supervisors may not be, dependent on work setting. Given that the SLPAB's primary function and mission is to protect consumers of speech-language pathology and audiology services, oversight responsibility of all licensees and registrants should rest with the SLPAB.

The SLPAB licensing office continues to receive inquiries from consumers, professionals, students and universities over confusion as to multiple personnel standards and regulations, supervision standards, service responsibility, complaint processes, etc. California consumers, institutions and the professions would be better served with a single system of licensing by SLPAB for SLPs as well as audiologists. In addition, elimination of the duplicative governmental oversight should result in a cost savings to the state and will definitely relieve SLPs and audiologists from incurring the costs of obtaining two practice authorizations.

***Issue #4 Should the SLPAB develop a task force with other state departments and local education agencies to address the issue of appropriate identification and intervention for children who have been identified as having an Auditory Processing Disorder?***

Yes. The evaluation of Auditory Processing Disorder (APD) is an area of practice that already occurs in the Scope of Practice of both the audiologist and the SLP. It is receiving increased attention for at least two reasons:

1. Public school systems are under increasing pressure to have children evaluated for APD, as this is being written into Individualized Education Plans (IEPs). They are also being requested, and in some cases ordered, to provide expensive and in some cases unproven therapy approaches for this disorder. This has resulted in some degree of over-utilization of APD assessments and over-diagnosis of a condition for which there is no “gold standard” for diagnosis in the vast majority of cases.
2. The professional organizations on the state and national level have recently issued guidelines and best practices for assessment and management of APD. Further, the California Department of Education has a position statement on the diagnosis of APD.

It is clear that over-use of the diagnosis of APD exists; it is being “diagnosed” not only by audiologists and SLPs, but also by psychologists, teachers, and others without specific training in and knowledge of audition. It is also known that unproven treatments are being provided that are not substantiated by sound research studies.

The SLPAB recently wrote and posted a statement on the website regarding diagnosis and treatment of APD. Further, the SLPAB continues to hold discussions and seek consumer and professional input regarding these issues.

It is the position of the SLPAB that in keeping with recently published guidelines from the American Speech-Language-Hearing Association and the California Speech-Language-Hearing Association, it is the audiologist who is the primary diagnostician of any functional deficit in audition, including Auditory Processing Disorder.

## APPENDICES

- A. Occupational Analysis Report and Validation Study for SLP
- B. Examination Validation Study for the Practice of Audiology
- C. Conviction/License Disciplinary Action Form
- D. Proposed Continuing Professional Development Regulation Text
- E. Disciplinary Guidelines (Updated July 2004)
- F. Updated Laws and Regulations 2006 (Upon approval of pending regulations noted, the updated 2006 Laws and Regulations will be published)
- G. Assembly Bill 2837 (Baca) – 2006 Legislation
- H. California Attorney General Opinion # 06-104, dated April 24, 2006